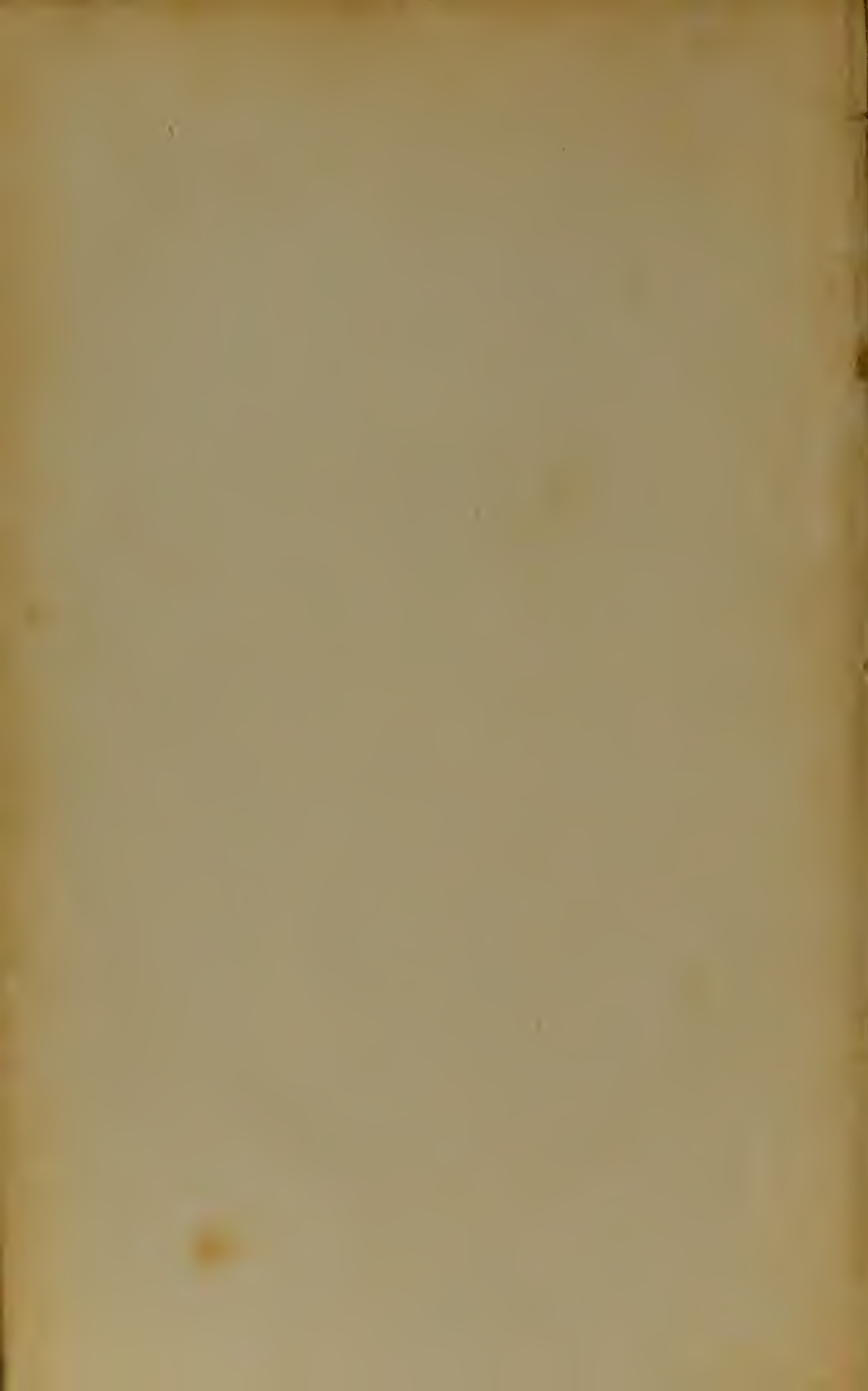




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PREFACE.

THE following production owes its origin to circumstance rather than to original design. While reading works on Insanity, in order to impress the treatment on my mind, and for convenient reference, I have been accustomed to transcribe, as succinctly as possible, everything relative to this portion of the subject. Experience evinced the advantages of such a course of proceeding; and after a good deal of matter had been accumulated in this form, it occurred to me that a work written according to the principle thus designated might be as similarly useful to others as the transcriptions already made had proved to myself. This, with other considerations, induced the present publication. I am aware that the plan of composition here involved is experimental, and may appear chaotic and devoid of system; but these are little more than imaginary evils, if a convenient book of reference be so obtained.

Very few of the writers included in this compilation have been published in the United States; and numerous ideas may be derived from it which would not otherwise reach most practitioners. It appears to me that something of the kind is peculiarly needed on the subject of insanity. They who have had the management of persons labouring under mental disease will, I suppose, readily agree that there is no other malady in which are more points of study to the practitioner, in which are so many contingencies liable to prove perplexing, and against whose influence it is necessary to guard. In every treatise on insanity with which I have met, a considerable proportion of these things are scarcely more than alluded to, if spoken of at all; a few of them may meet the eye in each separate work. But by the concentration of opinions resulting from the character of our compilation, an abundant fund is furnished, from which assistance is available, in the point of view to which reference is made.

Through the essential nature of the mode of construction adopted in this undertaking, attention to style was almost necessarily sacrificed, and defects in composition were necessary concomitants. Any merit that may be claimed rests simply on the facts and opinions presented therein. The ellipsis has been everywhere

employed to an extent perhaps forbidden by grammatical rule. The existence of some other defects, of which I am fully conscious, has originated from circumstances beyond my control. From this source has proceeded a greater degree of repetition throughout the whole volume than would have taken place under a more favourable state of things. Excessive iteration might, however, have been found unavoidable in some instances, even though as much attention had been allowable to correction and supervision as could have been wished. The nature of the work, also, in a measure required that, in transcribing the remarks of a writer, those of others should be given, as from the context it was not unfrequently apparent that the conclusions which one practitioner expressed had been deduced from those of another whose opinions he quoted.

The erudite treatise of M. Trélat (p. 348) has precluded, on my part, the necessity of research into the writings, relative to the treatment of insanity, of classical antiquity, and subsequently up to the eighteenth century, even had it appeared advisable to give a separate insertion to the authors of the period in question.

It is perhaps desirable that, in the endeavour to avoid what has been called "a great evil," that is, a large book, I had confined my selections to writers in the English language; but as France may be looked upon as the *fons et origo* from which the nations of Europe have derived their ideas as to the treatment of insanity, the work seemed likely to be improved by the addition of French authors.

With regard to the article on "American Asylums," I would observe that there is a marked uniformity of practice in our institutions. At the two meetings of the Association of Medical Superintendents, occurring in 1844 and 1846, this was found to be eminently the case. Therefore the want of details relative to each asylum, and the omission of some one or two, may be considered of no import, by reason of this striking agreement, at least as regards essential points. The American Asylums beyond the confines of the United States are not many, and are of little note. I deem it unnecessary to do more than briefly touch upon three of their number.

The first of these has been recently established near Rio de Janeiro, by the Emperor of Brazil, and is under the care of Dr. Jubim, a physician of high repute.

The second deserves mention, as being the only American Asylum in which the mode of construction employed in the French

Hospitals is in use ; that is, the apartments are of only one story, and open into a central square ; while our other institutions are several stories high, mostly assimilating the forms of building which are found in Great Britain, or the modification of these primarily adopted in the Massachusetts State Hospital. The institution of which I here speak is not altogether a lunatic asylum, but constitutes the insane department merely, in the Casa de Beneficencia (which may be considered as a sort of alms-house) at Havana, in Cuba.

The provincial government of Upper Canada is now erecting an asylum at Toronto, calculated to accommodate four hundred patients. My intelligent friend, Dr. Telfer, who was appointed superintendent of this institution, has lately published the following remarks : " Treatment of the insane is of two kinds, medical and moral, both of which are important. During a recent visit which I paid to the United States, for the purpose of learning the kind of treatment adopted in the asylums of that country, I found that in nine of these institutions, which I personally visited, in four states of the Union, and where I had the benefit of seeing about two thousand cases of insanity, not one patient had been either bled, or blistered, or had the head shaved. The medical gentlemen at the head of these admirably-conducted asylums are gentlemen of known character, talent, and experience, and they one and all declared that they placed their chief dependence on anodynes and tonics, combined with a generous diet. I am induced to mention this, in consequence of finding, from recent admissions into this institution [a temporary asylum], that depletion is too much adopted by the general practitioner. Instead of bleeding in general, a large opiate ought to be prescribed, so as to procure sleep, and repeated, if necessary, for a short time ; by this means the powers both of body and mind will frequently be at once restored. Insanity is a much more curable disease under proper treatment than is generally believed."

JOHN M. GALT.

Williamsburg, Virginia

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ON THE
TREATMENT OF INSANITY.

JOHANNIS HELFRICI.

PRAXIS MEDICA. 1689.

Articles—*Mania and Melancholia.*

1. *Mania.*—The cure of this rests chiefly in attention to the state of the blood; that, from keeping it pure, the nerves may be influenced, and by the healthy state of the latter, the mind. The ancients placed the greatest hopes of a cure in venesection. The limits to this should be the drawing all the vitiated blood off by degrees, so that a suitable diet may generate good blood. They repeated venesections in the arm, then in the forehead, then in the foot, and so by turns, and by many evacuations exhausted the disease. There were some of them, however, who did not teach this, and some who disapproved of it. Platerus says that he has known innumerable persons cured by this method by those who made the treatment of the disease their profession: these lunatics, from being bled twenty, and even sixty times, from having been wholly mad or melancholy, were so fully restored that they continued perfectly well during a long life. These practitioners were not very select about the vein, bleeding in the arm and foot, now in the one, and then in the other. This remedy we should, therefore, not neglect. A desperate case requires the above active treatment; but in a milder, I by no means approve of it, where other good remedies avail. New, good blood is hard to be formed; but when the new-formed blood is impure, and all the functions, then I would try both. In this class of cases, with repeated venesection, the transfusion of the blood of a calf, or other animal, is used.

The actual cautery is a powerful and great remedy. Dodonæus saw a maniac cured by a cautery placed on the nucha. Severinus has used it, with happy success, in the furious. The latter says he has found it greatly useful, keeping it open on the nucha, or the coronal suture: not only is it useful on the head, but on both arms and legs. Mercurialis says, I know a maniacal youth, after an infinite number of remedies, to have been cured by four cauteries on the arms and legs. Ferdinandus says he cured three, who were in a state of dementia, by cauteries on the head, about the coronal and sagittal suture. Severinus says he knew an empiric, who, at the middle of the coronal and sagittal sutures, cut the skin, and tore it back to the bone; and by keeping an ulcer there, he cured them. There is enough testimony, then, to show that this is a Herculean remedy.

First among pharminaccutical remedies stands *vomiting*. Etmuller asserts the cure to depend on strong vomits of *antimony* and *hellebore*; then to dissolve the coagulated humours; and to quiet, we have ob-

served that many practitioners extol *opium*. Helmont is of a contrary opinion: he says *opium* can only produce a state of amentia; and that it is absurd to cure amentia or mania by that which would cause amentia; besides, he says, the dose is so great! From first view, we might imagine it to suit the bilious, but not the serous temperament; but it will apply, perhaps, to all cases. These things being premised, *nitre* is very good. In exhibiting opium, we should ascend gradually from a small dose; and *camphor* may be suitably united with it.

Practitioners also use specifics, although placing all hope in the above remedies: the arterious blood of an ass, anagallis, &c. A prescription was given him by Nobilis—who bought it at a great price—composed of several aromatics, camphor, poppy seeds, and juniper berries, made into a cataplasm, and applied to head along the sagittal suture, fastened so that the patient cannot take it off; to be always kept wet by rose-water; directions how long to stay, &c. At the same time, a composition to be burned under the nose, containing camphor, myrrh, and frankincense. After remaining a fortnight, then head to be washed with a lixivium of several aromatics.

No salt food—bacon particularly—or flatulent vegetables; no onions, legumes, radishes, or turnips; no wine. Severe discipline—chains and stripes—to cure the fury, and depress the elation of mind.

II. *Melancholia*.—Some patients are but irritated by purges and various other remedies, who are made better from timely combating the delusive idea, by endeavouring to prove the contrary to it. Thus, a case is related of a person who fancied he had no head, which was cured by placing on his head a cap made of lead.

Vomiting, says he, is much commended here, but the humours are too viscid for this. Garmannus has found extract of colocynth, with calomel, to be a very efficacious remedy. He mentions a case of taciturn melancholy, a year in duration, which, contrary to hope and expectation, was cured by its use: a quantity of viscid, morbid matter was discharged. She thought that her whole body was filled with a black and melancholy humour, and on that account carefully examined her dejections: he had ink put into them. He mentions another case of a female of melancholic temperament, who dreaded officers of justice and executioners, who was cured by it. Bonetus cured a person by giving *senna* with *tartar*. Willis cautions against too much purging; should be used at first; and then, when assistance is necessary, glysters: recommends acids and preparations of iron. Etmuller's specifics are *camphor* and *acetate* of lead: these are useful in continual watchfulness, and to quiet nervous agitations; and opium may be suitably united with them. *Absorbents* and *preparations of iron* should also be used here. After the inception of the disease, much depends on the diet: a milk diet of importance; tea should be their drink.*

SYDENHAM took, in the sanguine, eight or nine ounces of blood from the arm twice or thrice, at three days' distance; afterward once from the neck: bleeding oftener he considered hurtful. Then used a purgative; and if it did not purge, advised an aromatic electuary.

Van Swieten observes that, in the madness sometimes following in-

* The abstract here given was taken from the original Latin work, printed at Frankfort.

terminating fevers of long continuance, especially quartans, Sydenham abstained from all evacuating medicines, which are useful only in the other kinds of madness; having recourse, in this case, merely to a restorative diet, generous drinks, and cordial medicines.

ETMULLER.

ETMULLERUS ABRIDGED, &c., being a description of all Diseases incident to Men, Women, and Children, &c. Translated, 1712.

Article—*Deficiency of Rational Operations.*

I. *Loss of Memory and Stupidity.*—Aromatics and purgatives. *Rosemary, balm, and spices.* Three *cubeba* in the morning, with fasting stomach, corroborate the memory wonderfully. Laurentius recommends four compositions for corroborating the memory, and when the patient is inclined to be drowsy. Chief constituents of first, *ginger* and *tobacco*, to be chewed; of second, *balm, marjoram, &c.*, to wash head every fifth day; third, as last, *aromatics* boiled in wine, but taken every morning; fourth, of *tobacco* and *aromatics* in wine, as a liniment to top of head and forehead. He thinks *ambergris* a powerful medicine here. Montagnana extolled a prescription as an Arcanum, consisting of several aromatics, *ambergris*, and *musk*. Sebizius recommends pills, consisting of *aloes, rhubarb, myrrh, saffron, agaric, gentian, and zedoary.* Tea boiled in wine is a sovereign remedy. *Carbonate of ammonia* also found in some preparations. If head oppressed with cold humours, coronal and sagittal sutures to be fomented with spirits of wine in which pepper is infused. Hildersheim here recommends an infusion of several aromatics in spirits of wine for anointing the nostrils, temples, and crown of the head.

II. *Melancholic Deliriums.*—Source always in lower belly, and hence vomiting a most sovereign remedy. Foolish deliriums often cured by foolish remedies; for instance, a man imagining serpents within him was cured by putting them secretly in his evacuations: many such instances in Thonerus, Platerus, Forestus, &c. As depending on acid in the intestines, cure of disease turns on absorbent, antacid medicines. Causes to be diligently inquired after. If from preceding diseases, as fevers, phrenzies, &c., a regular diet carries it off.

Rules of Treatment.—1st. Remote cause to be taken off, either by moral persuasions, or deceiving the patient by some cunning stratagem, so as to dissipate the fancy. If cause internal, as suppression of menses, this to be particularly attended to. 2d. Vomiting essential, and to be frequently repeated. 5th. Bowels to be kept open; if not every day, clysters or lenitive draughts. 7th. Blood-letting improper, except where suppressions; inflammations, plethoras, or madness being feared, also justify it. Willis rather approves of it, but stupidity and folly promoted by it. 8th. In the commencement of the disease, purgatives may succeed vomits, but in its progress very improper. Diuretics incomparable medicines. 10th. Hypochondria to be particularly taken care of. 11th. Sleep to be promoted by moist, temperate food. 12th. Opiates not to be exhibited alone, nor until universal evacuations have been premised. To be mixed with specific and moistening ingredients. Externally, anodyne fomentations for head, washes for feet, &c., very proper. 13th. Diet to be very regular: to be nourishing, moist,

and temperate; as milk, apples, &c. A glass of generous wine very proper now and then; moderate exercise, and regular evacuations to be heedfully procured.

Of medicines answering above intentions, *antimony* best, both in vomiting and purging, especially former. This and other emetics to be used in very large doses, though proper to begin with an ordinary one. Doses of purgatives also to be augmented, or united with salts. Speaks of black *hellebore*, *senna*, and *cremor tartar*. Absorbent digestives (by which he means tonics and antacids) to precede purgatives, as *coral* and *steel* (latter of which he also entitles an alterative). *Lapis-lazuli* frequently used with good success. *Camphor* should always be joined with alteratives in melancholy and mania. Mentions *acetate of lead*. The aromatic spirit of *ammonia* an incomparable sudorific. If pains seize the head, *elder-flowers*, *St. John's wort*, and *camphor*; and this yet more effectual, if a plaster of *tacamahac* be applied to shaved head.

III. *Madness*.—Two indications: 1st. In order to manage patients better, and administer medicines. This excellently performed by strong vomits and frequent bleeding. Gives also preparations of *steel* and *lead*, with anodynes, *camphor*, and *musk*. 2d. To remove distemper of blood and spirits. Foundation of cure in strong and generous vomits, not only in the beginning, but in the progress of the disease. Ancients used *white hellebore*: a wine should be made of the root. Some use antimonial emetics, but too weak. *Asarabacca* is much commended. In beginning of disease purging is required; same purges as in melancholy, but *black hellebore* best. After strong purgation, copious and frequent bleeding; first in ankle, then arm and forehead; some have cured by opening an artery. *Cauterizing* and *trepanning* the skull has been successfully used, as also *mercurial salivation*. While these acting, alteratives as in melancholy, such as *steel*, *lead*, &c.; also *opiates* in a strong dose. *Nitre* and its preparations not to be neglected: *nitre* and *camphor*. May also use specifics (most of which, as balm, bo-rage, &c., are wholly inefficacious); to all of which *camphor* may be added.

The external applications of *elder-flowers*, &c., may also be used here. Also a linen cloth applied to shaved head and temples, for twenty-four hours; wetting the cloth as it dries in a mixture of *musk*, *camphor*, *rose-water*, and *red saunders*. Also an epithem of *rose-water*, *juice of river crabs*, and *opium*, to forehead and temples.

Love-fits to be removed, partly by rational persuasions, and partly by the fore-mentioned medicines, but milder.

SALMON.

THE PRACTICE OF PHYSIC, OR DR. SYDENHAM'S PROCESSUS INTEGRIT
Translated, &c., by William Salmon, M.D. 1716.

Articles—*Hypochondriac Diseases in Men, and Hysteric in Women; and Madness.*

With many recipes whose constituents time has rejected, and many crudities, there may be some directions applicable to the present age.

I. *Hypochondriasis*.—He appears to confound hysteria and hypochondriasis; but, on the whole, the practice is similar to that used at a

later period. Exercise, narcotics, antispasmodics, tonics, and stimulants; also games, cheerful company, &c. Emetics and purgatives when demanded. For the spitting, with which such patients are often troubled, recommends opiates nightly. If costive, a clyster of a pint of mutton-broth and a pound of brown sugar, given blood-warm. Reprobates blood-letting unless there be plethora. Sydenham says that if laudanum be used, time must be given, before the second dose, for the effects of the previous one to have disappeared; and during the time not even a clyster must be given: to this Salmon objects, saying that a clyster of mutton-broth—a pint, and four ounces of sugar—must be used.

II. *Madness*.—Among other absurd specifics, he recommends the juice of swallows, and blood taken from behind the ears of an ass.

To be in cold air inclining to moistness rather than in hot air; not to be out in a hot sun, or windy and stormy weather. Light, cooling diet, avoiding spices and stimulants; drink barley-water, decoction of lettuces, &c. Only moderate exercise. Long sleeps to be induced by internal and external soporiferous medicaments. Bowels to be kept open. Courses and hæmorrhoids, if stopped, to be provoked; so of fistulas and old ulcers. Mind to be kept free from all passions; and to be, therefore, seen by none but friends. All things agreeably diverting the mind, avoiding the contrary. The author recommends cordials, as bark. If from superfluity of blood, bleed according to necessity; afterward empty stomach with emetics, as *vinum antimonii* and tartar emetic, repeated until stomach be cleansed and patient weakened. All physicians approve of *helleborus niger*. Helmont commends dipping over head in cold water. If not very raging, and rest natural, begin by purging six, eight, or ten times with senna; then some opiate. If raging, and above plans avail not, vomit two, three, or more times. If with raging, continual watching, begin with opiates cautiously exhibited. The author says, in young persons bleed in the arm or jugular veins eight or nine ounces of blood, twice or thrice every fourth day; then purge every third or fourth day with *gamboge*, gr. xiv. After purging eight or ten times, omit this for a week or two. Salmon says, be cautious in bleeding too much, lest dropsy be induced; besides from above parts, says bleed from forehead or foot. Transfusion of blood from other animals, as a colt, calf, &c.; also medicaments as opiates. Willis uses as a purgative sulphur of antimony, gr. viij.—x., cremor tartar, gr. x.; also tartar emetic, gr. ij.—ijj., salt of wormwood, gr. ij.; also mercurials, calomel, extract of black hellebore, āā. gr. xx.; has seen salivation of benefit. Paracelsus used sulphate of zinc. Salmon uses nitrate of silver. Paracelsus also commends opiates and anodynes, hyoscyamus, mandragora, papaver. All authors commend opiates as most proper—only certain cure from them. Begin with an anodyne, as camphor; then laudanum, at first in small doses. In a course of them, however, sometimes use emetics and cathartics.

SANCTORIUS, in his *Medecina Statica* (1720), observes, hypochondriacal patients are cured by promoting perspiration, by bathing, and using a moist diet.

S H A W.

A NEW PRACTICE OF PHYSIC, &c., by Peter Shaw, M.D. 1730.

Articles—*Madness and Hypochondriasis.*

I. *Madness.*—In bold maniacs, slender diet; as gruels, thin panada, barley-broth, barley-water, tea, &c. Nothing viscid; little flesh, or spirituous liquors. In the mirthful and raving species, first bleed in jugular; afterward, once monthly, in the arm, during cure, if strength allows and case requires. After bleeding, a brisk emetic: tartar emetic, or, in females and tender constitutions, ipecacuanha. Then purgatives: hellebore, rhubarb, jalap, senna, cremor tartar. When glysters are needed, use them in place of purgatives, in cases of weakness. Epispastics good, and if disease obstinate, over whole scalp. Sternutatories, issues, perpetual blisters, and cupping assist here. R. Sweet spirit of nitre, ℥iii.; tinct. castorei, ℥i.: s. gtt. 40 ter in die. Always shave the head, and encourage free perspiration in that part. Cold bath once a day from May to August.

II. *Melancholia.*—Moist and lubricating diet; wine in moderation; cheerful conversation; clear air, exercise, especially riding. Emetics, epispastics, cephalic drops, and sternutatories to be freely used: phlebotomy and purgatives more sparingly; also, chalybeates. Being commonly no more than an aggravation of hypochondriasis, this latter should be regarded in the cure. Cold bath.

III. *Hypochondriasis.*—Wine to be allowed. Food nourishing and easy of digestion. Agreeable conversation; good air; brisk exercise, especially riding on horseback. Bleeding generally accounted bad; necessary, if disease from suppression of hæmorrhoids or menses; if great palpitation of heart—if apoplexy, epilepsy, or vertigo attend, especially in sanguine constitutions. For convulsive motion in throat, open the jugular vein. Emetics are frequently used and repeated; ipecacuanha, ʒss. once or twice a week, as occasion requires. Strong purgatives thought improper, but laxatives answer well: tinctura sacra. If from viscid juices, and strength permits, in intervals of purgation calomel for three or four times. Here are proper manna, cremor tartar, &c. When patient is too weak for purging, glysters, chalybeates, with bark, after gentle evacuations. If of a hectic constitution, hellebore instead of chalybeates. During the steel course, or towards the end, the cold bath, continued for some time, may be of service. Investigate the cause of the disease, and act accordingly. If hypochondria distended with wind, an aromatic liniment or plaster. If such treatment fail, use that for hysteria; and if this fail, that for madness.

M E A D.

THE MEDICAL WORKS OF DR. RICHARD MEAD. 1763.

I. *Madness.*—Mentions a case (chap. iii., vol. iii.) of a young lady, about twenty, of a lively, cheerful temper, but weakly constitution, who, from bad habit of body, fell into a dropsy of the abdomen (ascites), with great wasting of flesh. All medical means failing, she was seized with madness, attended with great anxiety and terrors of mind; imagined she was to be apprehended, tried, condemned, and executed

for high treason. Gathered strength—swelling subsided. Judged her, in a short time, able to bear medicines adapted to two diseases. Put on a course of *emetics, cathartics, diuretics, and stomachics*. In some months perfectly recovered in mind and body. *Case*.—Lady æt. twenty-eight: spitting of blood, plentifully blooded: all symptoms of consumption followed. Religiously comforted—religious madness. Pulmonary disease better. Grew melancholic: treated with evacnants and other remedies, with good effect seemingly. Consumption returned, and she died.

Keep patient's mind fixed on thoughts directly contrary to diseased. Often hard words and threats to the ferocious. The unruly to be bound, but not, as according to Celsus and other ancients, blows and stripes. Blood-lettings, emetics, cathartics, and setons; also, sometimes, coolings of the head. Fetid gums, especially asafetida, myrrh, and galbanum. Camphor has been often found good in excessive ferocity and want of sleep. If fever attends, nothing more proper than nitre in us large quantities as the stomach will bear. Slender diet. Exercise. Must not evacuate too much, lest the morbus cardiacus of Celsus (a nervous fever), or excessive weakness of body, be caused. Reprobates old disgusting remedies, as the blood of a gladiator, &c. Blood to be taken several times, according to the patient's strength; vomits now and then; cathartics more frequently. Caustic near the occiput, making an issue to be kept constantly running. Wild valerian, Russian castor and native cinnabar; mistletoe useless. Blood from the arm or jugulars: sometimes by cupping, with scarifications on the occiput, particularly where there is headache, or such weakness as forbids the lancet farther. Vomiting best, with vinum ipecacuanhe in weakly, and in the more robust, tincture of white hellebore (*veratrum album*). Cathartics, black hellebore, or infusion of senna, with tincture of jalap, or aloes. These evacuations by the stomach and stool to be often repeated alternately. Diuretics more important than is usually supposed; lixivial salts of vegetables, diuretic salt (acetate of potash), both sorts, or alternately, in pretty large doses, especially if fever present: of little benefit to melancholics. Reprobates blisters to head as irritating too much; better, as the ancients did, to shave the head, and rub it with vinegar in which are infused rose-leaves and ground ivy. Seton in nape of neck, to be rubbed with a digestive ointment, and moved every day to give free issue to the purulent matter. Blisters sometimes serviceable when the disease is of long standing. Diet to be easily-digested meats and gruel. Some authors say that camphor procures sleep with greater certainty and safety than opium. In melancholia, chalybeates. Cold bath, especially in mania; as Celsus says cold water is better for the head than aught else. Conduct to be suited to their disposition; composing the melancholy, and depressing the merry. Bodily exercise never to be neglected: walking, riding, playing at ball, bowls, and such like diversions; swimming, and travelling by land and sea. Anodynes seldom proper. Not amiss to try them in great terrors of mind, or when, through solicitude and sadness, much fatigued with constant watching. But still their long use not to be persisted in; for, even if sleep is procured, the patient awakes with his head filled with more terrifying ideas than before. To avoid the danger of a relapse, every means is to be repeated for a considerable time, at due intervals, even after recovery.

II. *Hypochondriasis*.—Diuretic purgatives; deobstruent pills (R. Aromatic pills, ℥iij.; rhubarb, ℥j.; ext. gentian, ℥i.; salt of wormwood, ℥ss.: beat them together into a mass, with syrup of roses); aloetics, blended with saponaceous medicines; rhubarb, Glauber salts, and the like. Chalybeates, bitters, and aromatics, especially in tinctures. All bodily exercise; in particular, bowls and tennis, tossing the arms briskly to and fro with lead weights grasped in the hands: nothing better than daily riding on horseback. *Case*.—A fellow of a college became hypochondriacal from too sedentary and studious a life; took to his bed, and at last fancied himself dying, and ordered his knell to be rung in a neighbouring church. The sexton did this so badly that (having been a famous bell-ringer in his younger days) he became enraged, ran to the church, chid the sexton, told him that he would show him how to ring, and rang so violently as to be in a profuse perspiration, and then went home to die contented, but was disappointed, for the exercise restored him to life and health.

BROOKES.

THE GENERAL PRACTICE OF PHYSIC, &c. By R. Brookes, M.D. 1765.

IN *Hypochondriasis* says, Hoffmann observes that we are to use exercise; spirituous, volatile, stomachic, and aromatic remedies; also, bitter cathartics, chalybeates, and mineral waters.

In *Madness*.—Antimonial emetics; extract and tincture of black hellebore, tincture of white hellebore, aloes, nitre with camphor; asafœtida, musk, camphor; blisters. Boerhaave used Sydenham's method for robust persons in the flower of age, and dipping into the sea for raving madness.

Hoffmann is an enemy to drastic purges, and thinks best specific motion, and exercise. Finds bleeding most efficacious remedy. Where too much grumous blood, first open a vein in foot; in few days after, in arm; then in jugular vein, or nostrils, with a straw; last, in frontal vein, with a blunt lancet, to avoid hurting pericranium, having passed a ligature round the neck. Tepid baths convenient, having had, before entering it, cold water poured on head, or had a wet cloth on it. Purgatives useful; lenient better than drastic. Manna, cassia, rhubarb, cremor tartar; sulphate of potash, particularly when from hypochondriac passion, especially in decoction and infusion; not all at once, but at repeated intervals, so as to operate in an alterative manner. Nitre good, especially in madness inclining to melancholy. Sennertus and Riverius think nitre, with camphor, to be a specific. Steel, cinnabar, plumbi acetat. Dr. Friewald cured several patients with a few doses of camphor, of grs. xvi. each. No salt or smoked meat; shell-fish, or heavy fish, or aliments with garlic or onions. Eat no more than to support nature; drink small beer, or pure cold water. Sweet and strong wines prejudicial; also excessive tobacco-smoking. Issues in back; ulcers, with potential cautery, near spine of back. Blisters prejudicial. Sedatives good; not opiates and narcotics: castor, shavings of hartshorn, roots and seeds of piony, valerian, flowers of lily of the valley. Bleeding agrees best with the plethoric, the bilious, and those in the vigour of youth: these bear, also, frequent purges of hellebore. Strength to be repaired by cordial, corroborating, and anodyne sedatives. If ex-

hausted, bleeding hurtful, restoratives good. From bad intermitting fevers, injudiciously treated with bleedings and purgings, restoratives, cordials, and corroboratives long persisted in. From nervous fevers, ill treated, Manningham says bark, and a few grains of ammonia and iron. Moschus, grs. xxv., good in worst kind.

In the "Medical Essays and Observations," a case is mentioned of fainting fits succeeded by fits of insanity. The skull was trepanned, and the patient died in ten days afterward.

In the London Hospitals in 1772, as a safe and efficacious emetic, the following draught was given: R Ipecacuanha, ℥i.; oxymel of squills, ℥vi.; water, ℥i. As a camphorated draught, the following: R Camphor, gr. x.; honey, ℥i.; aqua: pulegii, ℥ij. M. Every six hours.

In *Hypochondriasis*.—Bitter infusions. Infusion of valerian. Elixir vitriol. The following pills, called stomachic—composed of serpentaria, hiera picra, extract of gentian, and syrup.

GREGORY.

MANUSCRIPT NOTES ON THE LECTURES OF JOHN GREGORY, M.D.,
Professor of the Practice of Medicine in the University of Edinburgh, delivered in the year 1773.

Article—*Mania and Melancholia.*

THE indications are, 1st. To take off plethora. 2d. To promote the secretions. 3d. To remove the occasional causes. In a high state of mania, bleeding; if weak, cupping and scarifying the occiput; sparingly in melancholia. Pretty strong emetics in both. Cathartics in mania only, but bowels to be kept open in both: cremor tartar the best, cooling the body, and sometimes inducing sleep; every day ℥ss. In spring and summer, scorbutic juices. Diuretics in mania, but not so proper in melancholia. In high state of mania, shave the head, and wash it with acet. rosæ. Shell-fish, and salted flesh and fish, hurtful. Drink, small beer and whey. Blistering the head generally improper: issues or setons better, and blisters occasionally to any part of the body, according to circumstances. Cold bath used in mania. A warmer climate in melancholia, and the low state of mania: these not to see strangers, but not to be in a dark cell or close apartment; to be allowed to go about. Travelling. Music. Should aim to keep both the body and mind busy: this might be done by working in a garden. In the melancholy, the exciting passions, as hope, &c.: games, diversions of all kinds, telling them stories. In mania, depressing passions, as sudden terror, chains, darkness, fear: hard labour, and exercise in the open air. Mercury been found to succeed. Warm bath best for the melancholy: sleep produced by warm, cold water at the time being poured on the head. Antispasmodics, as opium, musk, camphor, have been tried. Opium one of the best; plethora and determination to head must first be taken off; it procures sleep, a thing of consequence; but, on awaking, delirium is increased: it may be given

in great and long watchfulness, pensiveness, and terror of mind; to be in large doses, but not long persisted in. There is a practice of giving an antimonial vomit once or twice a week, and afterward an opiate. It has been proposed to trepan the skull, also castration. Vin. ant. as an alterative in mania. Tonics in lax habits and melancholia; as bark, steel, nourishing diet, wine, &c. When from a long fever or mere weakness, restorative diet, cordials, bark, and exercise proportionate to the patient's strength.

TOWNSEND.

ELEMENTS OF THERAPEUTICS, OR A GUIDE TO HEALTH, &c.

I. *Melancholia*.—Requires emetics (℞ P. ipecacuanhæ, gr. vi.; ant. tartr., gr. iij. M. Ft. p. emet. mane sumend. et rep. omni hora usque ad vomitionem). These emetics to be repeated for a considerable time, thrice a week or seldomer, according to the slime evacuated. On this practice, with cathartics, Dr. Monro placed his chief dependance. These not to be drastic, but as used by Dr. Whytt (℞ Kali tartarizat., ʒiij.; solve in aq. font., ʒvii.; cui adde aq. cinnamon, syr. violæ, āā. ʒi. M. Ft. h. m. s.): or, instead of this (℞ Gum ammon., ʒij.; ext. gentian, aloes soc., āā. ʒi.; ol. menth. pip., gtt. viij.; bals. Peruv., q. s. M. Ft. pil. xxxvi.; cap. pil. ij. M. et. V. cum tinct. cascar., ʒij., in infus. chamæm., ʒij.), from the German practitioners; frequently to be repeated for weeks and months. Calomel, gr. ij.—x. nocte is excellent, avoiding acids and all medicines quickening its action; assisted in the morning by one of the preceding formulas. Not to be exhibited so frequently as to affect the month, debilitate the system, or stimulate too frequently the mucous glands. Boerhaave is an authority for emetics and mercurials. Then bark and bitters, chalybeates and oxygenated air. Myrrh and steel by Griffith.

II. *Mania*.—Divides it into three species: 1st. *Melancholia*, commonly preceded by, and alternating with, melancholia. Treatment nearly the same as in that. Strong emetics. Gentle cathartics. Pediluvium at 96° F.: this directs blood from head, and relaxes the whole system. Here Boerhaave recommends sudden and long-continued immersion into the sea—"Precipitatio in mare, submersio in eo continuata, quamdiu ferri potest, princeps remedium est." Bark and steel, as in melancholia. Case from Hoffmann, from suppression of an accustomed hæmorrhoidal flow and domestic trouble, being at the same time very studious and sedentary: cured by tepid pediluvia and the neutral salts. Case.—Æt. 40; studious and sedentary; mania subdued by venesection, and only melancholy remained: restored by the vegetable salts and tepid pediluvium, with exercise, followed by full animal food and generous wine. George III. was cured by copious evacuations, followed by tonics and astringents to restore the strength.

2d. *Phrenitoides*.—Subjects of a sanguineous temperament. Treated by venesection, a vegetable diet, emetics, cathartics, diaphoretics, and diuretics. Bernard Huét gives hydragogue cathartics. Calomel at night, gr. iij.—x., followed in the morning. ℞ Tincturæ aloes, ʒss.; infus. sennæ, ʒi.; kali tart., ʒij. M. ℞ Ext. colocynth. comp., gr. vi. Ft. pil. mane. ℞ Scammon., gum guaiacum, āā. ʒi.; aq. cinnam., aq. ros., āā ʒij. M. Ft. haust. m. s. But neutral salts most suitable. As

a diuretic, *digitalis*, gr. i. vel ij., pulv. fol. bis die. As a diaphoretic, Dover's powder, or the composition recommended by Dr. Whytt. R. Vinum opii, gtt. xl.; vin. ipecacuanhæ, gtt. xlv.; ammoniæ acetat., ʒss.; aq. rosæ, ʒi.; sacc. alb., ʒij. M. H. s. s. Dr. Locher, of Vienna, cured eight patients by acetat. distillat., ʒij., every day for three months, acting as a diaphoretic; and the more it sweated, the sooner they were cured. Sydenham gave, after repeated venesection, once a week, a drastic purge; and in the intermediate space, Venice treacle in considerable doses; and others pursued this method to the greatest extent. Two scruples of opium have been given at a dose, and at the distance of four hours more, ʒi. The celebrated Dobson in one case gave camphor, ʒi., once in three hours, which in twenty-four hours reduced the pulse from 80 to 70: the next day he gave ʒij. in twelve hours, which brought on profuse sweating, sunk the pulse to 55, and cured the disorder. Mercurial salivation. From obstructed catamenia, emmenagogues. After the disease is subdued, bark and bitters. Chalybeates to be exhibited with caution.

3d. *Hysterica*.—Characterized by symptoms of debility, irritability, and not unfrequently by vividness of imagination: bears the same affinity to the delirium of typhus that phrenitoides bears to delirium of synocha. Pediluvium: M. Pomme kept a patient in the warm bath from ten to twenty-four hours without interruption. Sydenham gave Venice treacle to each thrice daily. Tonics to diminish irritability. Emetics to remove irritating matters. If bowels loaded, Sydenham's favourite prescription consisted of tamarinds, senna, rhubarb, and manna: this failing, at night calomel, gr. ij.; asafetida, ʒi.; ol. carui, gtt. v.; and in the morning a gentle evacuant. Dr. Thompson relates a case where ipecacuanha, gr. viij.; tartar emetic, gr. i., produced a discharge of mucus from the stomach filling a basin, and the patient instantly recovered, after an attack of six hours: cordial stimulants had aggravated the fit; he bit the pillow, and there was spasm of the œsophagus; but a repetition of the emetic cured.

III. *Amentia*.—Only hopes in a generous diet, cordial stimulants, air, exercise, and the most powerful tonics: many reduced to idiocy. A case is mentioned which was cured by flowers of zinc thrice daily.

BRITISH ENCYCLOPEDIA.

Article—*Medicine*.

HEREDITARY incurable. No general principles, because its precise action not known. Recoveries mostly a natural convalescence. Some medicines aid a natural termination, others make an artificial one. When from the dregs of diseases, not to evacuate: nourishing diet, clear air, exercise, and time. Blood from the arm or jugulars; or if too weak, cups to the occiput. Dr. Monro recommends vomiting: vinum ipecacuanhæ in the weakly; in the robust, tartar emetic and antimonial wine. Best cathartics, tincture of hellebore, or infusion of senna with tincture of jalap. Aloetics if suppressed menses or hæmorrhoids. Sometimes saline purgatives, as tartrate of potash. Large doses both of cathartics and emetics. Increasing the urine, especially if there be fever. Cutaneous discharges by the hot bath: Hoffmann has seen numerous cases of both melancholy and mania cured by this,

bleeding and nitrous medicines being premised. Camphor; but, according to Dr. Locher, of Vienna, useless. He used one to one and a half ounces of vinegar or distilled vinegar a day. Reprobates chains and stripes: strait waistcoat answers every purpose; legs, if violent, may be secured in a bag. Patient may be confined on his back by a girth-web across the breast; legs may be secured by ligatures to the foot of the bed. Amusements to be suited to the patient's disposition. They can be awed by a menacing look, and, once impressed with fear, submit to anything. Physician should never deceive, especially as to disease, for they are conscious of it, and reverence those who know it. The merry to be repressed by chiding; amusements for the sorrowful. Mead repudiates blisters, and recommends issues on the back. Warm vinegar on shaved head. Opium has not been tried sufficiently to test it. Regular hours. Diet to be light, and not too low, especially as regards those under a course of medicine. When the disease is subdued, the cold bath.

CULLEN.

FIRST LINES OF THE PRACTICE OF PHYSIC. By William Cullen, M.D., late Professor of the Practice of Physic in the University of Edinburgh, 1791. Date of Preface, 1783.

I. *Mania*.—Restraint calms passion: strait waistcoat best; should never be in a horizontal position. Confinement, and as great a freedom as possible, from all objects of sight and sound. Fear. Low diet. Blood should be drawn from the arm "ad deliquium animi," except where the disease has subsisted for some time. Where there is a frequency, or even fulness of the pulse, or any marks of an increased impetus of the blood in the vessels of the head, blood-letting is a proper, and even a necessary remedy. Cooling laxatives, particularly tartrate of potassa, which he also recommends in melancholia. No experience in vomiting. Blisters, in recent cases, induce sleep; in old, of no service. Cold water to head; warm bathing rather hurtful. In some cases, as producing collapse of nervous excitement, used opium in large doses with success, and sleep was induced; in others, fear of inflammation, and the doubt, as depending on organic lesion, whether it would not be superfluous, caused him "not to push this remedy to the extent that might be necessary to make an entire cure." Camphor inefficacious. Recommends labour, from theory; journeys, from experience.

II. *Melancholia*.—In melancholia, believes purgatives useful, as counteracting the constant costiveness. Cold bathing hardly ever proper to be used; but warm, from the rigidity. No opiates, except in cases like mania in their excitement; and low diet in the same. In his "Clinical Lectures," two cases of melancholy. 1st. Cold shiverings, to a degree of fever, succeeded by melancholy: bleeding and blistering seemed advantageous. If cause known, treat that, and thus remove disease. 2d. Treated as a gouty patient: fits of melancholy alternating with gout.

SAUNDERS.

ELEMENTS OF THE PRACTICE OF PHYSIC, &c. 1790.

Article—*Insanity.*

INTENTION to be the diminution of the impetus and quantity of fluids towards the head. Heads of cure the following: 1. In mania, with plethora especially, to bleed freely. 2. Empty *prima viæ* by emetics and purgatives. 3. Seton in neck. 4. To restore obstructed evacuations, or substitute artificial. 5. In many cases, the sea-bath; in some, cold bathing. Diet to be diluting, vegetable, and acescent, especially in mania, but reference here to former habits. Mind to be kept serene and cheerful. Moderate exercise. Perhaps a change of climate advisable. In some cases, sleep to be procured by anodynes, as opium, campher, Hoffmann's anodyne. Stramonium has been much recommended by Dr. Storck. Mind to be governed according to its state. In some cases, especially after acute disease, a degree of idiotism comes on, which is removed by strengthening means.

BROWNE (in his "Elements of Medicine") says, a patient, as in per-vigilium, is to be kept free from all commotion of thought or feeling, but to be struck with fear and terror, and driven to despair. Labour of draught cattle to be imposed on him, and assiduously continued. Diet, as poor as possible; drink, only water. To be immersed in water as cold as possible, and kept under it, covered all over, for a long time, until he is near killed.

DAQUIN.

LA PHILOSOPHIE DE LA FOLIE, &c. By M. Joseph Daquin, Doctor of Medicine of the Royal University of Turin, Physician to the Hospital for the Insane and to the Hotel-Dieu of Chambery, 1792.

BAGLIVI observes that diseases of the mind should be mildly treated, and that we ought to abstain as much as possible from too many and too strong remedies. *Case.*—A young girl became insane from the repercussion of smallpox: she began to smile without apparent cause; she sang incessantly, or talked very extravagantly, and was exceedingly gay. Blisters to the neck restored her. *Case.*—A girl, aged 24 or 25, became insane from a suppressed arthritic humour; she wept incessantly, answered nothing to questions, but upon being pressed, got angry. Vesicatories at the same time to the arms and legs diminished the symptoms, and some mild purgatives, administered two or three times, completed the cure. The cure of insanity is more difficult, more nice, and, at the same time, more discouraging than that of any other disease. Patience and mildness are especially necessary. The physician should endeavour to gain the confidence of the patients, and to discover the moral means which may avail. It is not by a number of remedies that we must hope to cure: regimen, exercise, liberty, and, above all, great mildness in our discourse and manner, form a method of cure much more sure and reasonable. Above all things, we

should be very careful not to irritate them by awakening their dominant passion, or suggesting that which has caused the disease, either by conversation or in any other way. There is a medium to be sought between contradicting them on the subject of their derangement and agreeing with them concerning it: this it is important to attain. *Case.*—Gassendi persuaded a man who fancied himself a sorcerer, to give him the necessary drug, that he might anoint and become one also: they passed the night in the same chamber; the sorcerer was agitated, and spoke all night: on arousing, he embraced Gassendi, and felicitated him upon having been at the witches' sabbath, relating all that they had done together. Gassendi then showing him the drug untouched, and convincing him that he had passed the night in reading and writing, withdrew him from his delusion. I am so far from thinking that we ought to contradict the insane, that I even believe that they should not be shut up, especially when they are not furious or mischievous, or, at least, when they do not bring into any danger those around them. I can relate many happy instances in which I opposed the shutting up of certain lunatics, who afterward recovered their reason, my counsel having been followed. It is not doubtful but that we should probably succeed in curing a much greater number of the insane if they were permitted to promenade freely in a spacious and agreeable enclosure, taking the precaution of having attendants employed especially in watching them. Nature herself seems to point this out in the invariable fact which I have constantly observed in lunatics, that when shut up in their cells they ever desire to get out of them: I have often complacently acquiesced in such a request, and I have never had reason to repent it. It is very essential to remove them from all objects, either of the sight, the hearing, or any other sense, which may recall their old ideas and associations. Neither strangers, nor but rarely their acquaintances, should be permitted to see them, as this is found to produce excitement. Even the accustomed visit of the physician has sometimes this effect, though I have also seen them calmed by it. When in a state of excitement, sometimes they will be calm on their door's being opened to bring them nourishment. Cullen recommends a tight waistcoat to restrain them; but I think this irritating, and insufficient for the purpose. Since a man so celebrated has failed in finding out a proper means of restraint, it is useless to seek one: the same author recommends fear; I have found this to succeed, but it should not be carried too far.

Bleeding is doubtless a great remedy, but it is not useful except in the commencement, and it is decidedly hurtful when the disease is of long standing. If the patient is young, if of sanguineous temperament, if athletic, if in a paroxysm of fury, he gives, at the same time, proofs of uncommon strength—and, above all, if in the commencement of the madness—do not hesitate to draw blood, whose quantity should be proportioned to the symptoms. Bleeding from the foot, through a large opening, often works wonders. We must not be alarmed if the patient faints: it is a favourable sign; and we have often seen a lunatic faint, and then become absolutely reasonable. Bleeding from the temporal artery and jugular veins has also often been successful. We are frequently obliged to reiterate the bleeding, but we should not forget economy in the precious fluid, for from excessive loss the patient falls into an incurable hebetude. The cause of the madness is too

often neglected, whether as being of a weakening nature or not, and indiscriminate bleeding employed to the great detriment of the patient. *Case.*—A young man. From his visage, bodily appearance, and manners, I discovered that he was insane from masturbation. On feeling his pulse, although really not so indicating, I told him the cause of his disease, which he did not deny. From the cessation of this vice, his health, both bodily and mental, were restored. But, recommencing the habit, he relapsed; was bled excessively by a country physician, and fell into an incurable state of imbecility.

Emetics appear, after bleeding, to hold the first rank among the remedies administered to the insane. As for me, I regard emetics in general as very hurtful in madness, and only prescribe them when the disease has its source in the stomach, as I have twice seen, or when it may present some humoral engorgement in the viscera of the lower belly.

Purgatives produce oftentimes very good effects; and experience confirms every day to practitioners the fact that purgatives lessen, in general, diseases of the head, from the derivation of the humours which they occasion to the intestinal tube. But of all remedies proper to lessen and cure madness, opium is truly the most heroic, especially in the maniacal and furious. It is the more useful, from the fact that in the calm produced by it they can be more easily induced to take other medicines. In ordinary doses this remedy has little effect; on the contrary, it augments the bad symptoms, as when given usually by physicians: the cause of this is, that the superabundant acid humours of the insane lessen the power of opium, as acids are known to do. I have employed the liquid laudanum of Sydenham (this is composed of Oriental saffron, camella, opium in substance, and cloves, which are digested in Spanish wine three days in a *balneum marie*), or opium in substance. I have given, at the commencement, twenty-five or thirty drops of the one, and a grain or a grain and a half of the other at a single dose. There is nothing to fear from forty to fifty drops of the former, and two or three grains of the latter, at a time: it is only by giving this, or a greater dose, that it is efficacious. The strength, temperament, &c., must direct us here. This medicine calms the agitation so common; it produces a sort of regularity in the circulation; it re-establishes order in their ideas; the melancholy and gloomy are reduced to the gaiety natural to them; the pulse becomes slow; their physiognomy is softened, their features are no longer so much disarranged, and their whole countenance regains its natural state.

Camphor bears the same relation to the insane as opium; it appears even to merit a preference, owing to the action of its odour upon the nervous system; the dose also, as with opium, is required to be large: I have often combined, with good effects, the two together. It is a vain pretension, however, to assert that these medicines are specifics, for they often fail, as is also the case with saffron, castor, and musk.

I have not much confidence in hellebore, and cannot think it a specific, as it was considered by the ancients.

Baths have been much praised, especially those in a river, or common cold baths, when it is not convenient to bathe in running water. Cold water on the shaved head in the form of a douche, and ice in the form of a cap, have many times produced very good effects: these should not be neglected, or considered as indifferent. In general, cold is not absolutely hurtful. Warm baths may suit this disease, but only

in temperaments where the fibre is dry and hard. It is also sometimes useful to turn cold water on the head at the same time that they are in the warm bath. When the disease is not inveterate, and when the patient is not delicate or nervous, it has been useful frequently to make frictions on the shaved head with a rather hard brush, or with the hand simply, using some aromatic, penetrating, and spirituous essence; or even to apply vesicatories, whose suppuration should be encouraged for some time: in the same instances, we may try dry cupping to the same part, and afterward place leeches upon the elevations caused by the cups.

The above are nearly all the means which the medical art furnishes. They appear to me very bounded, not to say almost insufficient, if others are not united with them, which hygiene, gymnastics, and moral management suggest. Among these means, an assiduous occupation, constant and laborious, voyages, and a change of climate or situation, have often done more good than anything else. In general, a country too warm or too moist, or warm and moist, will foment rather than cure this disease, since experience shows that south winds singularly affect the head.

The custom everywhere has been to keep the insane shut up in dungeons, from which they are rarely permitted to go out. Experience forces me to believe that this method, although sometimes absolutely necessary (though more rarely necessary than is supposed), is most adverse to their cure. I have observed that, by gradually going out, the state of violence by degrees diminishes, until at last they are tranquil both in and out of doors. A garden of large space, shut in by walls, would do for the purpose of carrying out a system based on such a principle; attendants being provided who were, at the same time, kind and robust: this means, I am persuaded, would be curative; at least, it could do no harm. Judging from its effects upon the sane, would not music be a serviceable auxiliary in the treatment of the insane? M. Balbot, a physician at Chalons on the Marne, mentions a patient so violent as to require five or six vigorous men to restrain him. M. B. knew that this person, when sane, liked to sing and to hear singing; he caused musicians to execute, for nearly an hour, airs which he loved upon the violin; the patient, lending his whole attention while this sweet harmony lasted, even joined his voice to the sound of the instruments; and a mild serenity stole over his visage, replacing the previous excessive agitation of the muscles. After the administration of this means, he who for eight days had been entirely deprived of the use of his reason, demanded his wife, and had with her, in presence of the physician, a coherent conversation concerning the real condition of his domestic affairs.

Their manner of living, as respects the insane, is one of the most essential points in their treatment. Well-chosen vegetables, and rather better cooked than they generally are in hospitals, are the aliment which we should prefer for them. They should make only three repasts a day: a diet, however, too strict would be hurtful to them. If it is wished to give them four repasts a day, they may partake of fruit between dinner and supper. Wine and spirituous liquors should be wholly interdicted, particularly to the furious; pure water or hydromel is much more suitable; we may, however, permit, as the ordinary drink at their repasts, one third wine to two thirds water. The use of wine

is also salutary to the profoundly melancholy, and to those who are affected by a sad and languishing madness.

Would not electricity be useful as a means of treatment in insanity?

IN the "Medical Repository" (vol. i., page 174) is mentioned the case of a girl who was taken August 16th, 1796, with a paroxysm of insanity. Very violent; tore everything to tatters within her reach; refused to swallow; remained so until 23d, with no treatment save cupping, without benefit. On the 23d, three drachms of strong mercurial ointment were rubbed in; and on morning of 24th, gums were affected. Better. Took cathartics. 25th, mercurial frictions renewed. Gentle salivation, and reason brought back. Mended gradually until September 7th, when well enough to return to her family.

In the "Medical Repository" (vol. iv., page 210) four cases are mentioned which were cured by winding a handkerchief around the head, and keeping it wet by a sponge dipped in cold water until it produced a shivering fit: desisted from for about an hour, and reapplied as before. From 7 to 15 days extent of this practice. In two more cases, application made also along carotid and subclavian arteries. Vitriolic acid alone, or with cinchona, in conjunction with the cold application, perfected the cure. (Page 313.) Case cured by digitalis. (Vol. v., page 409.) Wet cloth around the head with no effect. Thirteenth day, patient's head shaved; $\frac{3}{4}$ vi. of blood from arm, and cathartic: succeeding night slept well, but remained incoherent. On 14th, purge, and blister to head, which cured him. A kind of epidemic madness.

DARWIN.

ZOONOMIA, &c. By Erasmus Darwin, M.D. 1797. Caldwell's Philadelphia Edition.

1st. *Insanity (mania mutabilis)*.—Venesection. Vomits of from v.—x. grs. of tartar emetic, repeated every third morning three or four times, with solution of gum ammoniac and soluble tartar, so as to purge gently every day: afterward the warm bath for two or three hours a day. Opium in large doses. Bark. Steel. Dr. Binns gave \mathfrak{v} ij. of solid opium at a dose, and grs. xx. four hours afterward, which restored the patient. Dr. Brandreth gave 400 drops of laudanum to a maniac in the greatest possible furor, and in a few hours he became calm and rational.

2d. *Hypochondriasis*.—A blister. A plaster to the abdomen of Burgundy pitch. Opium, gr. i., thrice daily. Rhubarb, gr. vi., nightly. Bark. Steel. Spice. Bath water. A siesta. Uniform hours of meals. No liquor stronger than small beer, or wine and water. Gentle exercise on horseback uniformly persisted in.

MOTHERBY.

A NEW MEDICAL DICTIONARY, &c. By G. Motherby, M.D. 1801.
Fifth Edition.

EVERYTHING producing an opposite of preternatural sensation. Moderate exercise; travelling in temperate climes; amusement. Severity in beating, terrifying, &c., rarely necessary; never in a great degree. Cowardly; and worst governed by a few instances of smart rather than severe discipline. If symptomatic, or from other diseases, remove the original disorder. From nervous or intermitting fever, long continued, moderate exercise in dry, warm air; bark, cordials, and ferruginous preparations. In the young, sanguine, and robust, bleeding essential; quantity determined by pulse. Anodynes proper, as camphor, alone or with nitre. After evacuations, opiates advantageous. Musk from \mathfrak{D} i. to \mathfrak{z} iss. Opium to grs. ii. Camphor from \mathfrak{D} i. to \mathfrak{z} iss. every night, and sometimes morning and night. Dr. Kenneir began with an antimonial vomit; next day, a large dose of camphor, repeated at night; thus for a few days. In the day, pills of Ethiops, gum guaiacum, &c.; at night, camphor. Emetics often highly useful: antimonials generally used. If they fail, one or two table-spoonfuls of the juice of the leaves of the asarabacca and groundsel. Some object to emetics. Dr. Mead advises diuretics, especially if mania furious, and with febrile heat: alkaline salts here most effectual. Acetum distillatum (thus, or by perspiration) been highly useful in maniacal cases after emetics and purgatives; latter being used also occasionally during the time. An ounce and a half once or twice a day. Cures have been made in six weeks, or sooner. Mild purging: kali tartarizatum best. Alexander Trallian says, gentle purging, moistening diet, and baths. Blisters rarely useful: not wholly to be condemned. Cold bathing commended: perhaps most safe and effectual after due use of the warm. Ancients extolled warm: Celsus advises to wash the patient's head with cold water, and then lay a gently-squeezed cloth of the same on it when going into the warm bath. Trallian and Aretæus urge hot baths: heat should then excite only a pleasing sensation. Hoffmann greatly advocates warm bathing; after due evacuations, liquid diet, and nitrous medicines. Dr. Muzzel extols the kali acetatum (acetate of potass.), a drachm thrice daily, sweetened with honey, mixed in warm water, with moistening diet, warm bath nightly, and flesh-brush every morning. Close apartments increase the constant tendency to diminished perspiration.

VILLERMAY.

RECHERCHES HISTORIQUES ET MEDICALES SUR L'HYPPOCHONDRIE, &c.,
by Lec. Louyer-Villermay, Physician, &c. 1802.

NOTHING more reasonable than treatment proposed by Celsus. Frictions, reading in a loud voice, walking, bodily exercises, wine, and baths. Galen succeeded very often by use of baths and good regimen; if inveterate, resources of pharmacy. Hippocrates advised purgatives, moist diet, abstinence from oily, gross substances, temperance, and, finally, moderate exercise. *Ætius* advised pleasures of love. *Fernel*

employed a decoction of dried cherries; and equally inert means have been recommended by various other authors. *Sennert* used evacnants, leeches, bleedings, mild purgatives, injections, vomits, bitters, martialia. *Michaelis* offers same principles as *Sennert*, and also *Etmuller* shows similar deference for active medicines. First indication, according to *Sydenham*, purging and bleeding; and yet mentions an English prelate cured by his recommendation to *travel* merely, after taking various medicines ineffectually. According to *Stahl*, chief cause suppression of the menstrual and hæmorrhoidal flow, and best remedy re-establishing them. Recommends bleeding and leeches; insists on regimen and exercise, and makes frequent use of aloetic pills. *Boerhaave* recommends stimulating abdominal viscera by neutral salts, laxatives, mercurials, vomits, bleedings, baths, evacnants, plasters, and, finally, all exercises of body. *Hoffmann* had same respect for pharmaceutical medicine, and slight confidence in hygienic rules. In paroxysms, mucilaginous injections, diluting drink, and mild laxatives. In intervals, rhubarb, neutral salts, tamarinds, cassia, balsamic pills; and if acidity, absorbents, as crab's eyes and magnesia. Bleeding at the equinoxes, leeches when tendency to hæmorrhoids; or when this flow has been suppressed, mineral water, temperature a little elevated, exercise in the air, agreeable society, martialia, and plasters to prevent flatulence. Yet, in speaking of nervous diseases generally, lays greatest stress on hygienic measures. *Pomme* recommends, in all cases, diluent and moistening remedies. *Cheyne* used general evacnants and attenuants, as mercury, antimony, and their preparations; sudorifics and antiscorbutics. In the paroxysm, we find in his works, recommended almost indiscriminately in all cases, bleeding, vomits, vesicatories, opium, volatile medicines, and cordials. *Cullen* condemns tonics and music, forbids patients delivering themselves to speculations which may compromise their fortunes or create too lively emotions. Regards as very useful baths, tea, and coffee. Travels and bodily exercise. *Révillon* states that he has seen the worst effects from baths and diluents in patients too much enfeebled. All these writers appear to have been influenced much by their peculiar theories respecting the nature of the disease.

I. *To calm the Paroxysms.*—Treatment to be varied according to circumstances determining paroxysm. May have recourse to mild antispasmodics, attempt words of consolation—a difficult thing—recommend society of some friends, or seek objects of diversion. Impression of cold air being often a cause, then necessary frictions, flannel jackets, temperature a little elevated, or, better still, exercise borne to moderate fatigue; the bath, in some cases, may succeed. When paroxysms of regular type, may sometimes prevent development by a laxative drink; thus, a paroxysm of mania has been prevented by a decoction of chicory with some drachms of the sulphate of magnesia. Constipation, if a cause, and laxatives insufficient for freedom of bowels, may be replaced by purgatives. If a mere symptom, injections, use of fruits, hydromel, and drinks slightly laxative—means usually insufficient without exercise. If diarrhœa be present, must be combated rather by a good regimen and simple means than by astringent or narcotic medicines, which may do harm. If local inflammation denoted, blood-letting or leeches, soothing drinks, &c. If sleeplessness, mild sedatives. Continual nausea, and frequent spitting of mucous matter,

which seem the more abundant as cutaneous transpiration is least, to be met by frictions and moderate use of absorbents.

II. *To prevent return of Disease.*—We must here seek the cause of disease, and must vary treatment according to causes, individual constitution, sex, mode of life and habitual occupations, climate, and degree or complications of disease.

1. *Physical regimen.*—Nothing more favourable to development of hypochondriasis than a delicate and nervous complexion. Hence, utility of tonics, exercise, and a physical and moral regimen, when from anterior maladies, abuse of the pleasures of love, and excess in alcoholic liquors. Moderate exercise of understanding not to be interdicted. Among exercises, equitation most advantageous. Habitation in a pure, salubrious air. Sojourn in the country better than public promenades: here should seek a suitable temperature, and follow a tonic regimen; should shun intemperance, sudden chills, and all which may diminish cutaneous transpiration. Immersion in cold water, frictions, and all the means proper for strengthening the cutaneous system, and diminishing too great a susceptibility to atmospheric variations, are equally suitable. In general, all exercises of the body, especially those of cultivation and gardening, mechanical occupations, as turning, gymnastics, dancing, tennis, billiards, &c., travels, mineral waters, coasting, riding on horseback or in a carriage, the *patients themselves driving*.

2. *Moral regimen.*—To attach them to life, it is necessary to accompany them in their solitary walks, to follow their thoughts, to enter in their feelings, and to lead, by degrees, their imagination to a less gloomy perspective, and to consoling thoughts. When from love, principles of treatment, a union with or separation from beloved object, travelling, all subjects of divulsion (*distraction*), sometimes a new flame, and, above all, to shun with care physical and moral inaction; and nothing more fit to dissipate erotic melancholy or hypochondriasis than a continual activity. We must also insist on the advantages of the society of friends: most suitable music indubitably warlike airs, those for dancing, and of the comic opera. Instrument to suit individual, since in some, symptoms augmented by piano. On part of physician, a reasonable deference for complaints, or even oddness of patients, succeeds much better than a misplaced severity or sourness; ought to bear with patient's discourse on condition. In fine, agreeable and harmonious music, theatrical performances, amusing books, lively and gay conversations, public diversions, the beauties of nature, the *chefs d'œuvres* of art, and a choice society equally removed from excessive luxury and abstinence. In a word, all which may cause a change in the sad and ruling ideas of the patient, and inspire him with pleasant feelings, should enter in the general plan of moral regimen, whose principles are easy to grasp, but whose application ought to be very varied, and offers much difficulty.

3. *Medicines.*—First principle, to restrain use of medicines to a rational application. Second. Application of medicine subordinate to knowledge of cause. Third. To be varied according to nature of cause, particular sensibility, and degree of malady. Fourth. Principal object of treatment physical and moral regimen, while medicines but secondary. In suppression of hæmorrhoidal or menstrual flow, if from fright, &c., leeches. In suppression of rules, bleeding from foot,

and drastic and aloetic purges, which have often succeeded. *Case.*—A man of sanguineous temperament, born of a hypochondriac mother, experienced difficulties which determined insensibly the suppression of the hæmorrhoidal flow, and shortly a very marked hypochondriasis. Hoffmann employed his aloetic pills, which caused the hæmorrhoidal flow to reappear, and the hypochondriacal affection was cured. Very probable that malady will not long resist these rational means, seconded by good regimen. Ought, to consolidate the cure, to recommend to the patients the hygienic precautions which suit in the state of perfect health. Cannot be too circumspect in these affections respecting blood-letting, which does not suit but in a very small number of cases, and only with sanguineous and strongly-constituted subjects; ought here to be guided by principle of Hippocrates, "that sometimes the best medicine consists in not using any medicine." It may be from a diarrhoea suppressed by the immoderate use of opium. May try its re-establishment by mild laxatives; to which is opposed a suitable treatment, particularly tonic regimen: in this, as in all other cases, very dangerous to insist too long on the employment of evacnants. If from a suppressed excretory, this is to be established; if from imprudently arrested gonorrhoea or repercussed itch, patient to contract them again: tonic regimen and new sort of life when from excessive love's pleasures. Whenever wasting away, begin by strengthening means; if loss of sleep, narcotics with tonics; lastly, exercise, if patient in a state for it. If from suppressed leucorrhoea, or premature employment of bark in intermittent fever, an emunctory in the first instance; and in the second, juice of herbs and tonics. Use of fruits of the season, and especially grapes, and the employment of mild antispasmodics, are very fit to second happy effects of physical and moral regimen. Cannot too much insist upon the advantages presented in the treatment of hypochondriasis, from the daily use of a large quantity of grapes, especially when conjoined with habitual exercise. Men of letters should engage in their labours by fractions, that is to say, interrupted by some hours of exercise, and should contract the habit of studying, sometimes seated, sometimes standing up, and never immediately after a repast. *Case, from Réveillon.*—A military man, who had bravely distinguished himself in many campaigns, retired into the bosom of his family; soon experienced danger of passing suddenly from an active life to one of inaction; felt symptoms of the worst hypochondriasis, and he whom the greatest dangers had not intimidated, became as fearful as the most pusillanimous woman. Was unable to pass from one chamber to the other, because, he said, his legs would not support him. A sober life, choice food, some mild stomachics, and a constant exercise, the only means employed, result of which was a prompt and solid cure. *Case, from Hoffmann.*—A man æt. 36; return of fever, suppressed previously in a short time by bark; new employment of bark, and always a return of fever after the febrifuge. Fifth time, fever did not return, but shortly a pain in the right hypochondrium, extending to the left hypochondrium, palpitations, constraint in respiration, desire to vomit, especially after a paroxysm of anger, which always aggravated his condition; transient heats, vertigoes, weight of head, disturbed sight, optic illusions, very slight bleedings at the nose, sharp pain, and feeling of cold in the back and loins, flatulence, wandering pains in the limbs, viscous and salt saliva, urine with sediment, and limpid during the par-

oxysm. Tonics and horseback exercise were the principal means which Hoffmann employed, and which succeed with promptness.

CHARPENTIER, in his "*Essai sur la Melancholie*," presents few ideas with respect to treatment not found in some part of our compilation. We will, however, extract from him a few sentences.

Sennertius says, "Sleep to the watchful melancholy is a remedy to be estimated as more valuable than gems and precious stones." *Case*.—A man, from the death of his wife, became melancholy, imagined himself ruined, had a suicidal tendency, &c. His physician commenced by gaining his confidence, and persuading him that there was no other means of cure but bathing during a month in running water, plunged to the mouth: the melancholic went every morning to do this, the half of a league, during fifteen days in June, accompanied by his son, who assisted him to undress: he remained in the water during three quarters of an hour. In a short time cured of this melancholy, which had lasted but four months. The different bodily exercises of much advantage: should be suited to taste of individual; those in the fresh air, as agriculture, gardening, &c., preferable. Equitation been often very beneficial. Same effects nearly from carriage exercise, patients driving. Besides exercise, the chase excites a new passion which cannot but be favourable. Employments even disagreeable and laborious have sometimes procured a salutary divulsion. *Case*.—An anatomist was attacked with a sombre melancholy from violent sorrow. Advised to go to dissecting, though weak: took up, at same time, his lectures on anatomy. Was enabled to forget his grief; strength renewed, and was cured in a short time. In other instances, occupations less fatiguing better suit the melancholy; but we must not leave a moment of relaxation and inaction, which might replunge them into their sad reflections. Change of habitation one of the most important points in treatment. New sojourn in country, in an agreeable situation. Travelling is also one of our resources. Gay, light airs, and military marches, suit in general. Society of some sincere friends may be useful. When from unhappy love, first of remedies enjoyment; but this often impossible. Then must endeavour to destroy and efface dominant idea; but it is especially by all possible means of divulsion, by separation from the beloved object, by the absence of all recalling this, travelling, continual exercise, the society of chosen friends, a habitation in the country, that we can oppose a violent and unsuccessful love.

D E N M A N.

AN INTRODUCTION TO THE PRACTICE OF MIDWIFERY. By Thomas Denman, M.D., Licentiate in Midwifery of the College of Physicians, &c. 1802.

Mania Lactea.—Formerly the custom to treat maniacal disorders as fevers, to enjoin the use of very powerful medicines and very severe treatment, and, among other things, copious bleedings; but for women in the reduction of childbed, more gentle proceedings requisite. Bleeding, if advised at all, must be sparing, for he is certain that copious bleedings are extremely prejudicial, not abating the disorder even for

the present, and if the patient survive, increasing and fixing it afterward. Should generally be altogether omitted. Because found to increase the present irritation, and to be ultimately of no service, blisters seldom recommended. Intention of medicines to remove all feverish disposition, and lessen the excessive irritation. Useful, therefore, to give the saline draught, with a suitable quantity of sirup of white poppies, or a few drops of laudanum, repeated as the case may require. Secretions being generally much interrupted, especially of bowels; must be promoted by occasional clysters, or common purging mixture; sometimes by small doses of calomel, so as to procure two motions every day; and in this state no other medicines seem required. Immediately on the attack, the skin has often a yellow tinge, and sometimes there is a complete jaundice: an emetic requisite to relieve this symptom. In the disease's more advanced and settled state, the view only of abating irritability, though means used differ much. In cases with great depression of spirits, what has gone under the general name of melancholy, gentle emetics much advised, and with great advantage, every other or third day; and at the intermediate times, nervous medicines, as spirit. æth. sulph. comp. confectio damocratis, or the fetid gums, especially gum ammoniac and camphor, which Dr. Kenneir recommended many years ago in stronger terms than experience will justify. On occasional returns of great perturbation and violence, recurrence to the method used on the first attack. Opiates have been given with two intentions: some have merely proposed to soothe and moderate the violence of the disturbance by the frequent repetition of small doses; others have aimed, by a more liberal use of opium, often repeated, to suppress the irritability; thinks the former method far preferable, as the latter would increase the irritability. In the advanced stage, mercury has been a long favourite with the profession. Calomel has been usually given as an alterative; sometimes as an active purge, being supposed to be more efficacious than any other medicine of this class. The resistance often made to the harmless wishes and inclinations of the patient frequently becomes a cause of violent outrage. Throughout the course of the complaint, strict regularity of the non-naturals necessary, as times of going to bed and rising, exercise, employment, if possible of taking food, kinds of food, and the like; and, above all, care that they shall not hurt others or themselves. From a strict regulation of these matters, and from the establishment of a mild, but vigilant and firm authority, it is probable as much advantage may be derived as from any medicine.

We have already given the practice of Sydenham with respect to insanity subsequent to fevers. With regard to this, Dr. THOMAS ARNOLD remarks, that insanity from this cause still occurs now and then, though not so intolerant of all evacuations as it seems then to have been; and will not only bear, but requires, their prudent and moderate use; yet it is principally to be treated, when its violence is somewhat abated, with nourishing diet, and a plentiful use of the bark.

Prevention of Insanity.—To defend ourselves, says Dr. A., against insanity, it is fit that every man should be rationally and diligently, but not anxiously, attentive to strict observance of whatever may tend to preserve or regain the health, and contribute to the perfection of his

whole nature, bodily and mental. 1. Temperance in food, drink, sleep, and indulgence of venereal appetite. 2. Exercise. 3. Due regulation of passions. 4. Attention to operations of the imagination, and care to check its propensity to too great activity. 5. An assiduous diligence in the improvement of the reasoning faculties of the mind, and a watchful avoidance of the various causes of its imbecility. 6. Careful avoidance of too long continued, too intense, and too uniform thinking, and of excessive watching. 7. Avoidance of the other occasional causes of insanity, so far as they may, by our care and diligence, be avoided. 8. Rational views of God and religion, free from superstition, enthusiasm, or despondency; and a conscientious and cheerful performance of the duties which religion prescribes. Those having any particular reason for guarding against insanity, unless in cases of debility, in which a small quantity of wine is found useful as medicine, to abstain from vinous and spirituous liquors entirely, or at most, to drink nothing stronger than small beer. Excess of sleep may lay the foundation of future insanity, by promoting a general plenitude, &c. Whoever allows himself about eight hours will be in no danger of insanity. With respect to most of the heads named above, merely advises hygienic precautions, aiding the health generally. Should check wandering imagination, fixing it to one, and to a single and unvarying view of one subject; to habituate it to examine relations with accurate observation, and to distinguish between distant similitudes and exact resemblances. Should avoid writers on subjects of imagination; and activity of imagination concerned in frequent presence of the same fancy to be repressed. To be at much pains to form clear conceptions of things, and to examine and compare them with the greatest exactness.

SIR JOHN ELIOT (fourth American edition, 1803; date of dedication, 1781) says, in his "Medical Pocket-book," in madness, emetics, cathartics, blisters, occasional bleeding, antispasmodics, opiates, and low diet, varied according as it is mania or melancholy, and according to symptoms. Dr. Simmons, at St. Luke's Hospital, has seen good effects, and even cures, from camphor \mathfrak{Oj} . every hour or two.

In hypochondriasis, bark and other tonics; nervous antispasmodics, as castor, valerian, asafoetida, &c.; attenuants, as volatile salts and spirits; if no fever, bitters and chalybeates; emetics, aperients, opiates, issues, and blisters discretionally; the cold bath, food light and easy of digestion, cheerful company, and gentle exercise.

C O X.

PRACTICAL OBSERVATIONS ON INSANITY, &c. By Joseph Mason Cox, M.D. 1806. Second edition.

STRONGLY recommends keeping a case-book, containing every symptom and peculiarity minutely detailed. Practitioner should first see that there are proper means of removing the patient, or, if under coercion, to determine the propriety of its continuance or removal; next study cause, then peculiarities, as whether variations of temper, epilepsy, convulsions, headache, or hernia; is the subject of hallucination, and

whether it is to be combated or indulged; whether most disposed to injure himself or attendants; cautiously removing every weapon from his chamber, and furnishing him with every necessary comfort. If no alarming or prominent symptom, to remain without treatment for some hours. Some require no treatment, mental symptoms disappearing as general health is regained. Most of these been exposed to causes of disorder of the *prima viæ*; hence emptying the stomach and bowels is the proper commencement of the cure. Though diet to be regulated by symptoms, yet regularity in meals essential.

I. *Moral Treatment*.—Management of highest importance. Sympathetic tenderness never to be forgotten by physician, though it should not diminish his steadiness and presence of mind. A system of rules impossible; our conduct must be governed by the character of the case. In some cases, extreme measures requisite for security and restraint; in others, the opposite. Physician should be constantly on his guard against any sudden, wild measure in the maniac. The *grand object* is to procure his confidence or excite his fear. Confidence, from very varied means; seen it in the most furious, he observes, from being liberated from their shackles by my direction and in my sight, and so attached to me as never to require coercion. Fear, from firmness and menaces; confidence, often from soothing and gentleness: from opinion and experience, thinks more gained by the latter than their opposites. Harsher means never to be had recourse to except in extreme cases. Deception seldom admissible. No promise to be unfulfilled, no threat unexecuted. Besides fear, the whole range of the passions might be resorted to with advantage. Every object associated with delusions to be removed. Reasoning generally useless, but sometimes delusions may be combated by a few self-evident arguments, often repeated. Talking *at* found more efficacious than talking *to* a patient. If routine method fails, any remedy, if slightly plausible, justifiable, as *pious frauds*. If one erroneous idea stamps the disease, allowable to try certain deceptions, acting by unusual, unexpected, striking, or supernatural agents, as often waking him from sleep, either suddenly or gradually, by imitated thunder or soft music, according to the case; combating the erroneous, deranged notions by some pointed sentence written with phosphorus on the wall, or some tale, assertion, or reasoning by one in the character of an angel, prophet, or devil. In speaking of hypochondriacal cases, he says, much skill is necessary—an actor to be perfect in his part. Sometimes such expedients are absolutely necessary, as, if life be hazarded from a mistaken notion of a bone or stone impeding passage of food, or an imaginary frog, snake, or toad in the stomach induces him to refuse nourishment. We are warranted, in the first, to make a superficial wound across the throat, and exhibit a bloody bone as the result; in the last, one of the imaginary species to be conveyed into the receptacle; but the fraud to be concealed from the patient, even after recovery, lest a renewal of confidence be prevented, and the repetition in case of a relapse. *Case*.—Æt. fifty; naturally cheerful, but easily acted on by trifles, and of melancholic temperament. Became melancholy, and thought he had sinned against the Holy Ghost. Removal, and moral and medical attempts of no avail. Observations on the subject acute, having studied it. Its impossibility often argued with a *third* person, and he was always extremely attentive, and sometimes very much interested. Sentiments in

writing handed from one person to another in his presence ; expressed his desire to see them ; acceded to on his promising to comply with certain requisitions : never deceived me. After repeated conversations such as the above, grew more open to conviction, and wavered ; at last was convinced of his error. A long journey in an open carriage, light reading, avoidance of all abstract moral questions and disputed doctrines, completed the cure. *Case.*—Æt. forty ; spare habit and melancholic temperament ; great general knowledge ; injured his health by too close attention to mercantile concerns. Observed to attend to, and talk about, every feeling ; thought himself universally diseased, and took all sorts of medicines ; all ideas at last concentrated in the one, that his sufferings arose from repelled itch. A formal consultation of medical men was held, who, having agreed on the propriety of humouring him, acknowledged him to be right, and a medical plan was adopted to cause successive crops of eruptions in different parts from time to time, which were washed with some simple preparation. After a few weeks' continuance, health and reason were restored. *Case.*—Æt. twenty-five ; of fair complexion, though hair and eyes dark ; of exemplary morals and amiable manners. Had paid some little attention to medicine, though very desultory in his studies : in the constant habit of quacking himself. Though no apparent alteration in his countenance, yet constantly complained of his health, to which his whole attention was confined, until at length incapable of all exertion, bodily or mental. After repeated and anxious inquiries, found that he believed himself affected with syphilis, merely from sitting on a seat previously occupied by an infected person. No reasoning of avail. His case was referred to a medical man of his own proposing, and he being previously instructed, pronounced it venereal, and sent a prescription. This soon dissipated the absurd idea. *Case.*—Æt. thirty ; of full habit ; melancholic temperament ; extremely literary ; and sometimes studied through whole days and nights, drinking only water, and taking no animal food. Friends remonstrated with him on account of the hazard of such conduct, and his housekeeper was urgent for him to adopt some plan principally for his health. He was struck with the idea that she intended poisoning him by a succession of poisoned shirts. Reasoning of no avail ; hallucination humoured. A suspected shirt was exposed to some chemical experiments, simple, but pompous ; and it was pretended that his suspicions were correct, and housekeeper hurried off as if under a warrant. A formal consultation was then held, certain antidotes prescribed, and he perfectly recovered in a few weeks, and remained so by a new plan of life and regimen. In similar cases, necessary to humour the idea, as where insane from idea that an ear-wig had entered the cranium ; that insects were in the bones of the face from aroma of flowers ; where they thought themselves bewitched, enchanted, a prey to spirits, devils, hobgoblins ; under magical spells and vows. In the distressing cases where some absurd idea makes him refuse food, the most consummate art and address necessary ; his reasonings to be fully entered into ; fancies and wishes to be complied with as far as possible, keeping constantly in view the support of life : threats, promises, solicitations, indulgences, deprivations, and varied reasonings to be had recourse to, according to nature of the case. *Case.*—Æt. fifty ; melancholic temperament ; spare diet ; subject to bilious attacks ; though having no bodily indisposition, had been taking all sorts of med-

icines. After hearing his minute accounts, disease pronounced solemnly one of the bladder and kidneys, consisting of their universal ulceration; told that it was hoped this might be proved, but with much hazard. A bougie very formally passed up the urethra, and the mucus from the glands said to be pus. A course of remedies, consisting of simples, adopted, and a regimen for a length of time, which ultimately terminated in complete restoration. Similar deceptions, according to the circumstances of the case, only efficacious mode of combating hallucinations of the imagination, as where the patient suspects himself to have certain loathsome diseases, as itch, syphilis, &c.; under the influence of secret poison from magic, witchcraft, and evil spirits. Such fancies not curable by common methods, as no obvious corporeal indisposition exists, and there are therefore no indications. In all such, deranged ideas to be humoured, contrary to the established rule in the more common. *Case.*—Æt. fifty; illiterate; naturally gloomy; of melancholy temperament strongly marked; meagre habit; from infancy subject to inequality of spirits, and rigidly religious. Became, without apparent cause, very melancholy, without assigning any cause. Perfectly inactive and inattentive to domestic duties; only to be induced to read a certain description of books, whose meaning she strangely perverted. At length her ideas became perverted, and thought herself inevitably lost, which idea deprived her of all ease and rest, and led to several attempts at suicide. No change for months. Apartment decorated with portraits of burning martyrs, &c., surrounded with Bibles and Prayer-books, and constantly visited by some itinerant preachers, who tried diligently to cure her without success. I removed her books and pictures, and suffered no one to visit her but an attendant; allowed no reasoning on religious topics, and only a little light reading. Having been very irregular in diet, the tongue foul, and breath offensive, gave an active antimonial emetic; produced a vast quantity of bilious undigested sordes, and some very offensive evacuations from the bowels. A certain hour of rising and retiring, and exercise in the open air gradually increased, some days extended even to fatigue: still religion the subject of her musings and soliloquies; ideas confused and incoherent, but looks more natural, and could be diverted from her favourite topic. Various remedies, with very little relief, for several weeks; and then for two or three weeks all medicine suspended, and curative attempts confined to amusing and interesting the mind, to light, nutritious diet, and constant exercise. Improved, but grew thin and weak: more generous diet; two glasses of wine daily, with steel, and an occasional aperient to obviate costiveness. At length began to be rational on serious subjects. A plan for mind and body, calculated merely to restrain the propensity to inaction, and vary subject of pursuit: this finally succeeded. *Case.*—Æt. forty; like last during first weeks of indisposition. At length all the symptoms suddenly changed into those of mania furibunda, elation, raving, &c. A varied antiphlogistic plan now adopted; all stimuli abstracted, and sometimes light excluded: recovered in a few weeks. Conversion of religious melancholy into furious madness frequent, and generally followed by recovery: in some cases which have resisted common methods, the idea thus suggested of producing a degree of excitement by various means, such as keeping the patient, for days in succession, in a state of intoxication, has often occasioned alleviation of symptoms, and sometimes restored. Though reasoning

seldom effectual, yet, when other means prove unsuccessful, should always be had recourse to, as there are instances where a single argument has convinced. Selecting *molliora tempora fondi*, we should preface by insisting on being heard uninterruptedly, and then suit the arguments to the patient's ideas. As generally tormented by too great remorse, and hence fear of the wrath of the Almighty, should speak of the Saviour's atonement, and quote parts of Scripture inducing hope, as respecting the thief on the cross. If the unpardonable sin the delusive idea, should make him describe accurately his idea of this sin, and then confute his arguments by proving its impossibility. Perhaps most successful moral means consist in exciting new mental affections, tending to supplant or correct old morbid associations and feelings. Mental indications various as the forms and causes, but to be regulated by the prominent features of the disease: some require threats, others soothing, &c.; the eccentric of one class is to be humoured, of another the idea is to be combated. Where, in religious insanity, the patient has become deranged from speculations, or believes himself some supernatural being, he should be deprived of his Bible and other books. In others, the idea may be calmly combated by a few mildly-opposing arguments often repeated; hopes to be elevated. Two classes of melancholics in religion, the self-conceited and the despondent. Against the first necessary to guard, for they are apt to consider those around them heretics. Against the latter, to prevent suicide. *Case*.—Asserted that he was the Holy Ghost. A gentleman asserted to him, "There is but one, and I am he; how can there be two?" Patient appeared surprised, and said, "But are you so indeed?" The gentleman then answered, "Did you not know it?" The patient said, "No; and that he himself was not the Holy Ghost, as there could not be two."

In a great variety of them, medicine either improper or impracticable, and here to depend on management, which is often valuable in the cure. Strong coercive measures seldom necessary in early stage; much address to secure tranquillity and obedience, but more effected by firmness and tenderness than harshness. Certainly some cases where bodily restraint is necessary. In mania of a high character, strait waistcoat best means of coercion; being secured, all stimuli to be abstracted. Doubtful about light; if you wish to excite fear, apprehension, and dread by darkness, then use it; but not in some cases, lest these feelings aggravate the complaint. In most cases, a quiet, airy apartment, free from missiles, all that is necessary. Physician to see the coercion executed. Corporeal punishment never necessary or admissible. Liberation to be gradual, as promises seldom to be depended upon. Generally thought that the patient should be talked with as to hallucination; but this is often hurtful and rarely admissible, except to gain some important object, or where a part of the curative system. Agrees with a reviewer of his work, that cases in which the main idea may be humoured are hypochondriasis in an extreme degree; in other words, originating from some obscure corporeal sensation; while, if from a strong and repeated impression on the mind, as in religious insanity, then no allusion ever to be made to it. Still, Cox has met with a few cases of religious melancholy, in which the most obvious advantage resulted from reasoning when other means had failed. Doctor Lorry says that you should endeavour to divert the mind of the patient from any insane action, not by blows or stripes, but by praises of the opposite vir-

tues, and by turning it away from all things increasing such feelings; and this operation should be concealed from him. In every case, as much liberty and exercise in the open air as is safe, and coercion to be always proportionate to the disease. Management of melancholics to turn on prevention of injury to themselves; otherwise, coercion seldom necessary. Utmost sympathy and feeling to be observed towards them by physician and attendants, who are to employ all their exertions to amuse the mind, and divert the gloomy tendency by interesting, and exciting new and pleasing ideas. Combating his errors to a third person in his presence sometimes succeeds when unsuccessful as addressed directly to himself. Should never mind their insults, &c. A firm, resolute demeanour; stern aspect, and assumption of authority; giving orders, and seeing them executed; uniformly decided measures; a scrutinizing look, fixed on the patient's eye, will, in general, excite dread or confidence, respect or compliance. This is a material point, and never lost but by mismanagement. His promises, if he can reason at all, may sometimes be attended to; and his word of honour is seldom broken, if solemnly given, when more violent and dangerous symptoms have subsided. Deception not to be admitted, unless part of our attempts to relieve, lest confidence be lost, and with it, very frequently, hopes of cure. No point to be abandoned which our judgment approves: an effect once produced generally lasting, and repetition of disagreeable means seldom necessary. Artfully inducing some pursuit or occupation requiring attention, and yet not fatiguing, often a great assistance, as attaching importance to weaving bobbin, knotting thread, knitting, netting, &c. *Music* of great efficacy sometimes. *Case*.—A military maniac. Though he had not left his bed for weeks, nor spoken a single word, and was supported entirely by force, yet, from hearing a few tunes on the fife, he returned to his former rational habits, and with the aid of a few gentle tonics he recovered. Music has hushed contending passions, allayed irritation, collected the wandering thoughts, and induced sleep. Where the patient has been a performer, should be allowed his instrument, as it employs: where partiality to music is considerable, may form a part of rewards and punishments. Thinks both concords and discords might be usefully employed. The study of thorough-bass and counter-point well calculated for the amusement and employment of the musically mad. Some practitioners recommend total abstinence from liquid: he does not approve of this, though allowable where there is an obvious determination of the fluids to the brain. Effect on the stomach, arrests the attention from morbid idea. Antiphlogistic plan usual as long as symptoms of irritation exist; but if these proceed from atony or debility, to be removed only by generous diet, port wine, &c. Very improper, as is almost universal, to deluge the stomach with caudles and broths, teas and ptisans. In the majority, diet should be most nutritious, in small quantities, and often. Legumes improper, and fermented liquors; best beverage, pure water, with the occasional mixture of distilled spirit. When they refuse food, rich soups, jellies, and the like indispensably necessary, to be introduced by force; but new milk alone, with other nutritious substances, or loaded with animal gluten, has been found to preserve life longest: either by the mouth, or clyster-wise. Always advantage from regularity: rising and retiring, meals and exercise, always at identical hour. Trifling means constantly acting, often very advantageous; and we should ever

persevere while the shadow of a hope is left. Where we have reason to suppose a topical, mechanical cause in the brain, and common means have failed, are we not warranted in desperate ones, as the trephine, by allowing expansion, being applied to various parts of cranium? Here complaints of fulness, flying, painful affections about it, occasional squinting, dilated pupil; and it is periodical. Cases frequently where acuteness of sensibility and extreme delicacy so great that common means contra-indicated; here, relief often through the medium of the senses. Music, either discordant or otherwise. Thus, Æolian sounds in an airy room, surrounded with flowers of sweetest breath, walls and furniture of green; or sounds discordant, where screeches and yells are made in a black, or red, or glaring white apartment. *Case.*—Æt. 19; rather choleric in temperament; fair skin; dark eyes; accomplished manners; literary acquirements; amiable. Seduced. A painful and protracted parturition, reducing her frame; ideas became confused; constantly raving; vociferous and incoherent; eyes insanely brilliant. A regimen of nutritious soups, vegetable and animal jellies, gradually changed to a full and generous diet. A slight infusion of bark, succeeded by a strong decoction; change of scenery and varied pursuits; sympathy of friends; consolations of religion. Gradually recovered. *Case.*—Æt. 30; sanguineous; of a delicate, irritable habit; subject to transient headaches, and slight febrile attacks; four children; always suffered much in parturition; milk at first copious, generally disappeared second or third day, and then insanity occurred. Ideas extremely incoherent, as usual in puerperal mania. Vital functions almost exhausted by volubility, exertions, and want of rest. Cured in same way as last case. *Case.*—Æt. 22; sanguineous; very delicate; seldom robust health; cultivated drawing and botany; in rambles, often regardless of weather and food; sometimes debilitated and exhausted to fainting. At the end of one of the hottest days in July, found on a hillock in North Wales in a state of furious madness, surrounded by fragments of plants and drawings, making most furious gesticulations, and spouting parts of Shakspeare; then for some time at home in the wildest phrensy, except fever. Bled, purged, and vomited; deluged with saline juleps, broths, and ptisans, but no alleviation. Dr. Cox consulted. Adopted gradually a more nutritious diet; a change speedily observed. With assistance of port wine, gentle exercise, and without any other medicine besides bark, recovered perfectly in a month. Could detail a number of similar cases with different remote causes: where from debility and exhaustion, as incessant action of passion, study, &c., accompanied sometimes with audacity, fury, and impatience of control, evacuating medicines and a debilitating plan frequently fail; and the regulation of the mind, by removing strongly impressive things, and a tonic, invigorating plan, as often succeed. Dr. Gregory mentions a case in which periodical alienation was cured by trepanning. *Case.*—For years insane; fell backward down stairs; seemed lifeless; restored by opening the jugular and by other means; skull fractured; trepanned; insensible for weeks; looked more intelligent; more rationality; exercise in open air, improved diet, and interesting amusements now adopted. Gradually recovered.

Medical Treatment.—Where the mind is intensely occupied, the body, by sympathy, becomes equally steeled against impressions. Lest we should accumulate remedies, and do harm, as has occurred in

these cases, our curative attempts should be confined to external *cor porcal agents*, blisters, *sinapisms*, *heat*, *cold*, swinging, &c., drastics particularly being suspended until new indications.

Though some, from theory, have condemned *emetics*, he thinks them rarely dangerous. When obvious and unusual plethora, and vomiting indicated, venesection and other evacuating means to precede it. Of all remedies, they have stood the test of ages, having been employed almost constantly from the days of Hippocrates to the present. In almost every species of derangement, proved a most valuable and efficacious remedy. Saburra in the stomach and bowels often seems the whole cause of disease, and removal of it relieves permanently. Never witnessed anything like paralysis from them, and thinks them almost indispensable in almost every case. In many instances a single emetic has removed every symptom. *Case*.—Æt. 46; dark eyes and hair, though fair skin; very sedentary profession; gay and cheerful disposition, but subject to dyspepsia and headache. Without obvious cause, neglected his business, though his family's support; became irritable and quarrelsome; sobriety and industry changed to tipping and idleness, though would occasionally exhaust himself with fatigue; being unconscious of indisposition, refused remedies. Being in his neighbourhood, saw him leaping through the doors of my carriage with the utmost velocity. Gave him an antimonial emetic; restored. Have a servant whose disease was wholly removed by an emetic: still subject to aberrations, uniformly corrected by a few grains of emetic tartar. Recollect several cases in which state of intellect seemed regulated by that of stomach; in many of these, an unnatural tendency to the accumulation of viscid, indigested matter in the stomach. In all similar cases, emetics indispensable, and generally relieve. Have under care a relapsed patient: a few days since, mind strangely affected; but from a single emetic, became, and continues clear. In some cases, emetics for several days in succession; but by giving a common dose of opium on going to bed the night previous, a diminished quantity of an emetic will produce very considerable effects. Though sometimes no obvious curative indication, will seldom err by evacuating the stomach and bowels by an emetic. Of highest value in melancholia, as rousing the system. Preparations of antimony to be preferred: antimonium tartarizatum best; vinum antimonii very valuable; may be put in other fluids, particularly cider. In athletic and more robust patients, vitrum antimonii, finely levigated, and in form of a bolus, most powerful, and often very efficacious, especially if given on going to bed with a grain of opium, or at an early hour before getting up, and left in the stomach as long as nausea allows, before tepid fluids: cleanses completely. With a similar intention, calomel with ant. tart.; one of first, and two of last, in the more delicate cases. These supersede necessity of frequent repetition by milder means. Majority of emetics inadmissible or inefficacious. Ipecac. too bulky; asarabacca much esteemed by some, but I have not found it so. Mustard and squills too mild and uncertain. Sometimes cannot be administered internally, then external; strong solutions of tartar emetic in boiling water, when cooled, rubbed on the stomach, or tobacco cataplasms applied. Per anum rarely succeeds, on account of maniac's power over sphincter. Not to be used when the subject of apoplectic make; where inflammation in any of more noble viscera; particularly if hernia. In addition to physical ef-

fects, they often lessen number of deranged ideas, and in some change them entirely. In doses only to excite nausea, concentrate mind on stomach from hallucination. Vitriolated zinc been very successfully employed; found to allay irritability, without debilitating; and generally indicated in all cases which have undergone unmerciful evacuation.

Purging necessary, and generally indispensable. Their uniform costive tendency to be obviated by it; and, first, the more gentle aperients, being governed in the selection by the indication. A favourite remedy among the ancients, whose practice was very simple, though successful, consisting, in the most part, of evacuations from the stomach and bowels by the most drastic medicines, more particularly the different species of hellebore. He prefers salines; cremor tartar best. Calomel best, if a more active one required; but where uterine suppression or hæmorrhoids the cause or consequence of insanity, aloetics preferable. As a spontaneous diarrhœa is often useful in the cure, where there is florid health, and more regular natural functions, a system of purging may be instituted; generally mitigates, if not relieves the symptoms of violence and irritation: no more powerful or convenient mode of emptying the vessels; a part of the antiphlogistic system. This system too indiscriminate, and sometimes ends excitement only with life. Purging improper, if debility, or tendency to anasarca, or delicacy of system, with irritability of bowels, and where there is emaciation.

Bathing.—Cold to head, a very rational remedy, and been often employed to advantage to appease irritability and fury, and induce sleep. Modes of application differ, according to the degree of cold required, or the effect intended. In some cases only a partial application of cold required; simple ablution of the head with cold water, or wrapping wet cloths around it, frequently renewed as they get warm, most convenient methods. In others, where intended to be general, common cold or shower baths preferable. French physicians said to employ with much advantage a small stream of cold water falling from a great height on the shaved head: he never tried it, but can conceive its efficacy. Clay cap, in some instances, very convenient and efficacious. Where an intense degree of cold required, may be easily procured by æther poured on bald or shaved head; and evaporation may be increased by a stream of air from a pair of bellows. General cold immersion one of the most powerful means, and never with hazard, unless system too reduced by previous evacuation, or violent ravings and exertions, or some structural lesion. Best effects have followed seclusion, even where pulse much reduced in force, and heat below natural standard. Often indicated in opposite conditions; as a sedative to diminish violence of reaction, and as a tonic to remove debility. Effects depend on degree of cold and its duration. Where an obvious state of local plethora, cold bathing, after evacuation, has instantly restored rationality, and paleness of the superficies has succeeded the redness. By its great sedative action on the heart and arteries, particularly indicated where much external heat, particularly about the head, and when patient refuses to take remedies. A favourite remedy with the ancients, who sometimes carried it to a dangerous extent: even in the days of Boerhaave, most vague directions as to its employment, such as keeping the patient immersed until almost drowned, or while attend-

ants could repeat the Miserere. May be resorted to safely in every desperate case. Dr. Currie's method is very far preferable, and very successful with him; suddenly immersing the patient in the very acmé of his paroxysm: to be easily accomplished if secured by a strait-waistcoat, and fixed in a common Windsor chair by strong, broad straps of leather, or a web girth. Common *shower bath* answers every intention when he will submit to its application; or where, from violence, this is impracticable, same advantages from pouring on the water from a common watering-pot, securing him in a chair fastened to the floor: not to be indiscriminate. Warm and cold bathing often produce very analogous effects; former more general in action, and patient may be exposed to it for hours, not only with impunity, but with obvious advantage. Where rigidity of fibre, any degree of spasmodic stricture, exhaustion and debility, with mental irritability, no remedy promises more than the warm bath: often very successfully employed while a stream of cold water is directed on the head. At 90° F. one of the most valuable remedies: particularly opposed to that unnatural dryness of the surface, those bilious and dyspeptic symptoms which frequently accompany the lower degrees of mental indisposition. Often more willingly submitted to than the cold bath, and equally invigorating and tonic. If a relaxing and debilitating effect intended, a few more degrees of heat, and its longer continuance. In a delicate female whose system is much reduced, when violence and fury threaten death, and internal remedies obstinately refused, it is admirably calculated to appease. Where unusual heat, partial or general, has been known to reduce it more speedily and effectually than the cold bath. Where, with suicidal intent, food obstinately refused, after every method was in vain, the warm bath, either of water, or water gruel, or milk and water, has contributed to support life for a considerable time, being more practicable than clysters. *Vapour bath* of similar nature to warm; but pediluvium most frequently used, and may be very beneficial in various ways: sometimes impregnated the water with aromatic herbs, as rosemary; to which they attributed good effects of bath, were pleased by it, and willingly submitted to its repeated employment.

Blisters have been often employed, and sometimes with obvious advantage, whether for a discharge or for temporary inflammation. Has proved the truth of Dr. Monro's observation, that they are never useful to the head itself; but to the calves of the legs and feet, in the form of *sinapisms*, are frequently a powerful and efficacious means. There are cases where they are inadmissible on any part, as where salacity exists.

Camphor, uncertain in dose and indication; as other sedatives, often excites and stimulates. Has seen no permanent good effects from it in any shape. Seen small quantities convert mild melancholia to mania furibunda, and seen it often produce no other effect than the common terebinthinate preparations. Never saw it quell the passions or curb the venereal propensities, as it is reputed to do. As other anti-spasmodics, more calculated to obviate unpleasant symptoms than effect a cure. In small doses, generally inert; in larger, prejudicial; in enormous ones, tends to increase the disease, and has been known to extinguish life.

Bleeding would seem to be indicated in most cases; but unless obvious plethora, or evident determination and congestion about the head,

may rather increase than diminish the disease: when determined on, to be effected either by leeches, cupping, venesection in the foot, arm, or neck, or by arteriotomy: in performing the last on the temples, artery not to be divided, but a longitudinal incision with a lancet or scalpel, from whence requisite quantity of blood may be taken: invariably to secure the vessel by a ligature; and, indeed, never safe to trust even a wounded vein to a common bandage with maniacs.

Digitalis.—Next to emetics: no case to be deemed incurable until submitted to its action. Few instances in which contra-indicated: most frequently succeeds where derangement accompanied, and in a degree regulated by an accelerated circulation, without any other symptom of pyrexia. Begin with a few drops of the tincture, or half a grain of the powder, and gradually increase; thus all danger obviated, though some cases resist its action to a wonderful degree. Had a patient whose system was kept saturated for weeks, and whose mind seemed regulated by the rate of the circulation. With the pulse at 90, constantly furious; at 70, rational; at 50, melancholic; and at 40, half dead: at length, cured by such a dose as kept the pulse pretty uniformly at 70; and yet had sometimes taken three drachms of excellent tincture of digitalis three or four days following. Injudiciously given, may lower the pulse to extinction of life. It arrests the action of the heart, and nauseates, without impairing the vigour of the system. A greater or smaller dose of any active medicine is required as the mind deviates more or less from rationality. Thinks digitalis sometimes inefficacious, from faulty preparation.

Opium.—Alone, has tried to an almost incredible extent, without any advantage whatever from it. Often increases heat and irritation, constipates, and increases determination to the head. With digitalis, has been useful in maniacal cases, especially where there is a tendency in the latter to run off by the bowels. With antimony, in small repeated doses, has been productive of good effects, but only by relieving more obvious symptoms. Been beneficial with bark, in hysteric, melancholy insanity, where universal laxity of fibre. With concentrated vegetable acid, has produced a soothing, tranquillizing effect, easily kept up by small repetitions for a length of time; and in some instances with considerable advantage. Dissolved in strong tincture of tobacco, and applied externally to stomach, has allayed the violent nauseating effect of other remedies, particularly digitalis; and applied to the shaved head, has removed pain, and checked wanderings of mind. With æther and alcohol, similar good effects; as also in a plaster.

Hyoscyamus, aconitum, datura, cicuta, and such like articles, been employed, but seldom with success. First, from testimony of Storck, Home, A. Fothergill, Monro, and others, been used with advantage. Preferable to opium in some cases, as considerably narcotic, and rather relaxing than constipating: as powerful, to be administered cautiously, beginning with small doses, gradually increased until obvious effects, the first of which is generally a stupor or dizziness. Soothes and calms: used when opium disagrees or constipates. Aconite has been extolled by some, but too uncertain and apt to constipate: with antimonials, has occasioned profuse perspirations, and where evacuation by the skin is intended, such a combination may produce this effect. Hemlock, gradually introduced, has certainly been of service in some

cases, by diminishing irritation and excitement, and causing sleep; but some systems resist its influence for a length of time, and others are not affected unless administered in enormous doses. When opium has disagreed, cicuta has often been conjoined, or substituted with advantage. Antispasmodics seem often indicated in maniacal affections, from their analogy to convulsive ones. Will often subdue certain prominent symptoms, as pains in the head, constipation, irregular spirits, &c., frequently accompanying some of the milder forms; but often heat and irritate. Accompanied by epilepsy, cuprum ammoniacum and zinc have been beneficial, mitigating the epileptic paroxysms, and diminishing the affection of the intellect. Some of the preparations of iron have certainly advanced convalescence; and where accompanied by debility and relaxation, have proved eminently useful. Here the continued use of *Fowler's solution* might contribute to recruit the system and restore reason. *Musk*, though highly extolled, he never saw relieve by removing the characteristic symptoms, though, combined with some other powerful antispasmodic, it has contributed to diminish the hallucination. In cases where are insensibility to all agents, torpor, and inattention, stimulants of various kinds have been found beneficial, but to be used with great caution and judgment, particularly as applied to the head, such as volatiles, errhines, and sternutatories. Medicines of this class, more usually applied externally, have been directed internally with advantage, as mercury, squills, mustard, horseradish, and cantharides. First doubtful, though useful in some cases, either to act on the bowels or produce pyalism. *Diuretic stimulants* have been very advantageously employed in mental affections. Cantharides has occasionally been very beneficial, when the system seemed steeled against all other remedies: dose at first to be small, then gradually increased, watching carefully the effects as they arise, in order to suspend the medicine if unfavourable, it being dangerous. As paralysis of the bladder sometimes, from inattention to the stimulus of urine, and hence over-distention, it should be frequently examined, lest irreparable mischief ensue. Haemorrhoids a frequent accompaniment, and should be particularly attended to, as troublesome sinuses, scirrhus, and even sphacelus have succeeded neglected piles. When combined with paralytic affections, among the stimulants used has been electricity, but never seen any lasting benefit from its use, except in cases from uterine obstruction.

Permanent *artificial drains*, as caustics, issues, and setons, among valuable remedies; last best, as being managed with great facility, and least liable to be injured or destroyed. Few cases of mania in which they cannot be usefully employed, except where there is considerable debility. Have been eminently useful in various instances where disease arose from painful, unnatural parturition, with retrocession of the milk. If from repelled eruptions, drying up of old ulcers, curing haemorrhoids, and the like, setons seem more particularly indicated: immaterial where they are inserted, if being placed between the shoulders did not prevent patients from getting at them: always advisable to enclose at least an inch of skin between the two orifices, and the extremities of the riband or cord should be fastened or sewed together. His *sling* formed by suspending a Windsor chair to a hook in the ceiling, by two ropes to hind legs and two to fore, joined by a sliding knot to regulate the elevation: patient in a strait waistcoat, and a leathern strap

around his waist, buckled to the bars behind ; legs fastened by straps to the front ones of the chair : then turned around. Dr. Darwin describes one more nearly approaching to completeness : a perpendicular shaft with iron gudgeons, and a horizontal beam, on which may be a bed or a chair : an improvement, says Cox, is a rod of iron fixed to upper end of shaft and horizontal beam, contrived to regulate the elevation of the bed. It renders the system more susceptible to the action of agents previously resisted. It is a valuable anodyne, being succeeded by the most refreshing slumbers. Combined with unusual noises, smells, &c., in the dark, might avail much. Found very beneficial in patients of delicate habit, with previous pulmonic and consumptive predisposition. Has seen a patient, requiring several persons to manage him, rendered by it almost helpless ; succeeded by profound sleep, convalescence, and recovery. In some cases in which insanity seemed intimately connected with the state of the circulation, rationality varying with its slowness or quickness, most beneficial effects from it. Often succeeded in bringing from the stomach accumulated sordes and tenacious phlegm, which other emetics, however drastic, have failed in doing. As a mode of discipline, no species of punishment more harmless or efficacious. *Case.*—Æt. 34 ; of a gloomy, morose, reserved disposition ; had always been indulged. Became suspicious, revengeful, and impatient of control ; had been in business occupying his thoughts, with scarcely any bodily exercise. At length deranged from a series of disasters, and confided to my care. Peculiarities of temperament increased : saturnine blackness of countenance ; eyes suffused with bile, immovably fixed on the ground ; limbs seemed deprived of locomotion ; action of lungs and circulation retarded ; tongue parched ; like an automaton, except heaving the deepest sighs. All most common means had failed. Placed in the swing two hours after eating a pint of thick water gruel and milk : pulse 80 ; 20 inspirations in 60 seconds ; no passage for six days ; no urination for 24 hours ; skin dry, but cool ; eyelids half closed ; face vacant, and of a murky hue ; some resistance, but secured in chair. Struggled violently after a few gentle revolutions ; increasing, begged discontinuance ; promising compliance as to medicine, &c., liberated. Nausea, giddiness, exhausted, and nearly fainting : on a bed, pulse 60, inspirations 15 ; expression of features changed, and whole superficies cold. Soon a profound sleep for three hours. On awakening, body and mind unchanged, and promises forgotten. Next day, swing as before, and similar effects ; but on increasing velocity, vomiting : stopped suddenly. Aroused and alarmed, begged and promised ; taken out exceedingly helpless, and put to bed ; slept six hours. Then reluctantly consented to a mercurial purge, a very small quantity of which acted copiously, though before, in disguise, three times the quantity had no effect. A light, nutritious diet, and gentle exercise. Mental peculiarities returned, but submitted entirely sooner than he swung. Gradually recovered. *Case.*—Æt. 40 ; florid complexion ; very muscular : became gradually depressed, then unusually gay and flighty. Previously eccentric, ingenious, and good tempered ; remarkable for a retentive memory, and feats in the palestra. Love supposed cause, though not chief train of thought. For six weeks had resisted all attempts at medicine ; appetite voracious ; always in alternate struggles from coercion and violent vociferation. A strong party to place him in

the swing : no change for first five minutes ; motion increasing, features altered, countenance became pallid, urine passed ; complained of sickness, begged release ; vomiting succeeded ; became perfectly relaxed, and was taken out and carried to bed by a single attendant, where he immediately fell asleep, awakening after nine hours calm and refreshed. Out-door exercise, an occasional purge, and a light, nutritious diet ; soon convalesced permanently. *Case*.—Æt. 26 ; led an active life ; occasionally violent exercise in field-sports ; prone to excessive drinking and other intemperance ; attacked by an inflammatory fever, in which he was delirious. Recovered perfectly ; but a small quantity of spirits now affected his reason, and while drunk he exhibited peculiarities unnoticed previously : very grotesque ideas ; sometimes reasoned acutely on the most absurd principles. When sober, he was elevated and depressed by the merest trifles, and in many things bordered on insanity. At length some legerdemain tricks, seen by him, baffled his comprehension : he continually thought on this one thing until he became wholly deranged. Six months so in spite of all remedies. Tried swing : fear, unpleasant sensation, and vertigo ; and sometimes the stomach was violently affected, and the secretions of the kidneys and intestines increased, but no other permanent advantage, except rendering him more orderly and quiet. *Case*.—Eccentric, volatile, and gay. Without obvious cause, became furiously insane. In spite of all means, mind became wild and confused. Swinging tried : little affected ; rather amused playing with the cords ; if he observed it, however, seemed to have some unpleasant sensation : on these days, more easily affected by exercise, food, and remedies. Under swinging and physic, improved at first, but afterward grew worse. *Case*.—Æt. 25 ; delicate and nervous ; sanguineous temperament ; characteristics of ulcerated lungs. Without obvious cause, became unusually talkative ; had some strange ideas, and finally was wholly deranged. Pulmonary affection disappeared. Stimulating and debilitating remedies tried in vain ; then swing every other day for ten minutes, with gratification to her, but no effect : at length used daily for fifteen minutes, with gradually increased velocity, when nausea, pallor, and exhaustion supervening, it was suspended for a day, and she dreaded its repetition ; then every other day ; and vomiting and slumbers, denied her for weeks before, and other consequences, ensued. On intermediate days, a more generous diet, tonic plan, and constant out-door exercise, with amusements. Delusions gradually diminished in number until mind and body perfectly restored. *Case*.—Æt. 22 ; choleric temperament, partaking of both the sanguineous and melancholy, the marks of the latter predominating ; naturally retiring and gloomy. Classical education ; plodding mind ; very moral and religious, but had a few peculiar tenets ; Bible his daily study. An unguarded expression of a conceited, rash teacher depressed him nearly to suicide, being only restrained by a sense of its criminality. After reading that part of the New Testament which mentions plucking out an eye or cutting off a hand, the idea of castration rushed into his mind, which he performed with a pair of scissors : protected from any bad effects by treatment of a surgeon, but mind the same, and was perfectly torpid, fearing perdition ; inattentive to the calls of nature ; and would neither eat, move, or drink. Forced, with great resistance, by experienced attendants, to take some food for six weeks. At the end of a two months' struggle, a slightly

less vacant expression of countenance, and resistance to food somewhat less. Wrote sentences expressive of miserable fears respecting perdition, &c., and read only Leviticus in the Bible; wrote that he wished to attend to some of the ceremonies there enjoined; promised to eat if allowed daily plunging in a cold bath, and a spare diet adopted voluntarily—so spare as to be evident that intentions of self-destruction were unabated—forcing or *spouting* again necessary; but determined to resort to swinging beforehand. After a few revolutions, eyes always kept nearly closed, were observed to open, alarm next, then nausea and retching; then stopped, and asked if he would eat; on refusing, motion renewed to vomiting; begged liberation, and promised compliance. When out, put to bed, and slept for some hours; food offered and refused, as usual; threatening swinging succeeded, and ate for some days. Reluctance returned, and swinging again used two or three times, till at length he yielded entirely; and gradually, from this plan, wholly recovered. *Case*.—Æt. 25; plethoric, sanguineous temperament. He became suddenly insane without obvious cause; mania furibunda; abstraction of stimuli. Very obstinate; but by means of the swing, which exerted its full effects, made to do anything necessary. Could mention other cases showing its good effects; in a few instances, action resisted entirely; in no case any unpleasant consequence; no advantage in some. *Case*.—Miss ——. Æt. 18; sanguineous temperament; subject to catarrh and slight pulmonary affections from the most trifling causes, as handling anything damp; hectic habit; pulse seldom below 80; health never robust; subject to irregularities both of the menses and alvine evacuations. Without obvious cause spirits depressed, expression of countenance unnatural, and from being amiable, she became peevish, rude, and morose. Gradually alienation of mind succeeded. At first lucid intervals; at length no intermissions for days and weeks. Sometimes one idea, constantly repeated, and at others the most grotesque imagery. All means ineffectual. Swinging—first in the upright position, between breakfast and dinner: eyes brilliant, slight flush, moist skin, pulse 84, inspirations 18 in 60 seconds; all these increased by resistance. After ten minutes, took some notice of surrounding objects, for the first time for weeks, though talking absurdly of them; pale and alarmed; placed on the bed; the inspirations were reduced to 16, and the pulse to 65. Slept for some hours; skin dry and cool, but no improvement on awakening. Similar changes, though in some measure as to immediate effects, in a greater degree followed the repetition week after week. At length had to be continued longer and with greater velocity to produce the effects; and almost constantly impressed with dread and nausea, she would resist violently and implore release. Uterine obstruction in some degree removed, but extreme prostration of strength, pains in the back, and livid countenance. More orderly and accommodating, but perpetually talking on the delusive subjects of her imagination. Swing used only once in five days, though compliance often procured by threatening it. A new system of diet and exercise adopted, with the pediluvium and aloetics, calumbe and aromatics: previously to the next period of the catamenia, warm fomentations of the lower extremities and uterine region daily, which succeeded. Gradually recovered in both mind and body. The swing always promises very considerable relief where the wanderings of the intellect are attended with increased arterial action, unaccompanied by

any other symptoms of fever. In some instances little or no effect, though violent, repeated, and long-continued : here should be applied in different positions of the patient, different times of the day, and states of the stomach as to fulness or emptiness : never known it fail when some nausea had been excited by a grain or two of vitriol, of zinc, or emetic tartar, or when a moderate dose of opium had been given on going to bed the night before, swinging before breakfast. Essential relief from it in those maniacs who strive against every shackle and means of coercion ; gesticulate violently, and rend the air with vociferations. Also for those bent on suicide from starvation, being induced to eat by the fear of its repetition. Efficacious morally and medically, where the disease is owing to mechanical causes within the cranium, where symptoms are aggravated by indulging in improper habits and resisting other remedies. Says, in this edition, that the above opinions favourable to the swing, in the first edition, had been confirmed by his own experience and that of others ; had failed in some dreadful cases, but succeeded in others almost hopeless. *Case*.—Swinging in a perpendicular position produced a most complete revolution of the mind, changed the whole train of ideas, induced the catamenia, long before obstructed, and altered the state of the circulation and the expression of the countenance. Removal of uterine obstructions a frequent effect, especially if used at the expected period, and if assisted by the more common emmenagogues. Finds that the perpendicular position is best calculated for violent cases, and the horizontal for the opposite ; and in both the motion should be communicated in the most gradual way, and be progressively increased to the degree of velocity required.

From smallpox having dissipated very obstinate melancholia in cases resisting other remedies, we should place great hopes in inoculation : in some cases, also, we should have no scruples in communicating it. When from dried-up old sores, repelled eruptions, &c., tartar emetic ointment to the shaved scalp. Blisters, setons, and issues also proper substitutes here.

REECE.

I. THE MEDICAL GUIDE, &c.—II. A PRACTICAL DICTIONARY OF DOMESTIC MEDICINE, &c. By Richard Reece, M.D., Member of the Royal College of Surgeons, &c. 1805.

I. RECOMMENDS us in melancholy to adapt our conversation to the individual. Acquiescing somewhat merely, better than direct opposition. Amusements.

Hypochondriasis.—Neither raillery nor reasoning. Try to abstract the mind from self. Comfort him. Hunting ; games ; cheerful company. Walking not good, though gratifying the restlessness of hypochondriacs. Horseback, or driving a carriage. Sailing or an easy carriage of little service. A journey the best exercise. Warm bathing. Tea and coffee good : with this exception, same diet as in dyspepsia. To promote digestion, remove visceral obstructions, &c. : R Rufus's pill, ℥i. ; prepared calomel, gr. xv. : M. D. in pil. xv. : three to be taken two or three times a week. And of the following, three table-spoonfuls twice or thrice daily : R Prepared natron, ℥ij. ; tincture of ginger and chamomile, ℥ss. ; pure water, ℥xii. M.

In maniacal cases, three table-spoonfuls of camphorated julap will often procure sleep after the failure of the laudanum.

II. Four indications in madness: 1. Restrain ebullitions of excitement. Strait waistcoat. Fear. 2. Remove irritations. Low diet. Venesections in early stages, or if fever present. Cathartics: most useful in melancholy, and where an accumulation of bile is evident. Cold; snow to head, clay cap, bathing shaved head. Blistering and issues in recent madness. Some narcotics have been used: opium doubtful; camphor often successful in large doses, especially when combined with tartar emetic. 3. A change by some sudden effect on the nervous power. Emetics, especially antimonials; opium previously to restore irritability. Frights, &c. 4. Directing the attention from the delusion. Labour, exercise; long journeys better for convalescence. Cælius Aurelianus says the amusements should be suited to the individual. Van Swieten says you should try to excite emotions opposed to the prevailing ones.

SIR JAMES MACKINTOSH wrote to Robert Hall, after his first attack of insanity, as follows: We are all accustomed to contemplate with pleasure the suspension of the ordinary operations of the understanding in sleep, and to be even amused by its nightly wanderings from its course in dreams. From the commanding evidence which you have gained, you will gradually familiarize your mind to consider its other aberrations as only more rare than sleep or dreams; and in process of time they will cease to appear to you much more horrible. You will thus be delivered from the constant dread which so often brings the very evil dreaded. But whoever has brought himself to consider a disease of the brain as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror which forms its chief malignity. If he were to do this by undervaluing intellect, he would indeed gain only a low quiet at the expense of mental dignity. But you do it by feeling the superiority of a moral nature over intellect itself. You are perhaps the first who has reached this superiority. With so fine an understanding, you have the humility to consider its disturbance as a blessing, as far as it improves your moral system. All your unhappiness has arisen from your love and pursuit of excellence. Disappointed in the pursuit of union with real or supposed excellence of a limited sort, you sought refuge in the contemplation of the Supreme Excellence. But by the conflict of both your mind was torn in pieces; and even your most powerful understanding was unable to resist the force of your still more powerful moral feelings. The remedy is prescribed by the plainest maxims of duty. You must act: inactive contemplation is a dangerous condition for minds of profound moral sensibility. We are not to dream away our lives in the contemplation of distant or imaginary perfection. We are to act in an imperfect and corrupt world; and we must only contemplate perfection enough to ennoble our natures, but not to make us dissatisfied and disgusted with those faint approaches to that perfection which it would be the nature of a brute or demon to despise. It is for this reason that I exhort you to literary activity. It is not as the road of ambition, but of duty, and as the means of usefulness and resource against disease. It is an exercise necessary to your own health, and by which you directly serve

others. If I were to advise any new study, it would be that of anatomy, physiology, and medicine; as, besides their useful occupation, they would naturally lead to that cool view of all diseases which disarms them of their blackest terrors. Though I should advise these studies and that of chemistry, I am so far from counselling an entire divorce from your ancient contemplations, that I venture to recommend to you the Spiritual Letters of Fenelon. I even entreat you to read and re-read them.

Total abstinence from fermented liquors is obviously necessary; and I should think it best to relinquish coffee and tea, which liquors I think you sometimes drank to excess.

P I N E L.

TRAITÉ MÉDICO-PHILOSOPHIQUE SUR L'ALIENATION MENTALE. By Ph. Pinel, Consulting Physician to his Majesty the Emperor, &c. 1809. Second Edition.

I.

VISITERS to the Salpêtrière, witnessing the order and calmness which reign there, are struck with astonishment, and sometimes cry out with surprise, "But where are the mad!" They are ignorant that they thus pay the highest compliment to the institution, and that their question denotes the very remarkable difference between this and other hospitals, where the miserable insane are crowded together pell-mell and without any distinction; exasperated by the brutal rudeness of the attendants, and subject to the vain caprices and arbitrary orders of an unfit or negligent superior, they are in a constant state of agitation, and continually utter complaints, lamentations, and tumultuous cries. An insane hospital should unite advantages of locality with spaciousness and a large enclosure. A fundamental object would be absent if the different sorts of patients were not kept in a kind of isolation, and if it was not capable of separating entirely the more agitated and furious from those who are tranquil. It is necessary, above all, that the insane should be directed by principles of humanity and the results of a full experience; that their sallies should be repressed with firmness, and that each one should enjoy the degree of liberty accordant with his personal security and that of others; that, in fine, in all cases which are susceptible of it, the director should be the confidant of their troubles and solitudes.

II. *Means of Repression.*

The uninterrupted use of chains is an admirable invention to perpetuate the fury of maniacs, to supply the want of zeal in an ignorant superior, to nourish in the heart of the insane a constant exasperation with an intense desire for revenge, and to foment in a hospital uproar and tumult. I long saw these inconveniences, while physician to the Bicêtre during the first years of the Revolution, and having taken all due precaution, put an end to the system with entire success. Forty patients, in chains for many years previous to this time, were set at liberty, and permitted to traverse the courts freely, their movements being merely restrained by the strait waistcoat: in the night they were unrestrained in their lodges. We may remark that this period was the

termination of the accidents happening to the attendants, often struck or killed in an unexpected manner by patients kept in chains, and always in a state of intense fury. One of these patients had been thirty, and another forty years in this melancholy condition. Lunatics should not be regarded as criminals, but as diseased persons inviting our utmost compassion, and whom we should seek by the most simple means to restore to reason. They may obey but a blind impulse urging them to violence, and we ought here only to provide for the safety of the individual and that of others, and simply restrain him in his lodge: if there is extreme violence, a strait waistcoat should restrain the movements of his feet and hands, and he should be fixed upon the bed by bands attached to the posterior parts of his garment, and which he cannot perceive. But this condition should be transient, in order to shun the effects of an anger concentrated against those who surround him, which would aggravate his disease. Certain important and urgent circumstances may call for a repression more energetic, but of less duration; this is best shown by examples. *Case.*—A young female whom great misfortunes and deep grief had thrown into a state of torpor and a sort of idiocy, had been cured, and had even gained flesh, but during her convalescence she refused labour with obstinacy: the supervisor, to punish her, had her led one day to a court in the midst of idiots, but she appeared to sport with this sort of repression, and did but dance about and turn everything into ridicule. A strait waistcoat was then applied, moderately drawing the shoulders back; she laughed at this, and sustained the trial for a whole day; but the constraint which she felt made her beg pardon, and she no more refused sewing. If she relaxed in this, they recalled to her, smiling, the "velvet waistcoat," and she became docile immediately. *Case.*—A female, aged 40, was so furious and indomitable that she struck all the female attendants, and was on the point of killing one of them in the lodge at the time that she gave her food; on another occasion she threw at her head an earthen pot, and inflicted a deep wound. The strait waistcoat was immediately applied, producing a strong retraction of the shoulders; she was not able to sustain this restraint above an hour; she asked pardon, and since that date has never struck any person, although she has continued a long time deranged. If she is abusive, it is sufficient to speak to her of the strait waistcoat, and she becomes orderly and tranquil. This sort of repression can only be borne during a very limited period; it is, in fact, followed at first by an uneasiness and a great difficulty of respiration; then comes sickness of stomach and an insupportable anxiety, inasmuch that the patient is obliged to demand pardon, and he will not forget the occasion. But neither this, nor any other mode of repression, ought to be confided to the attendants; the superior should have its whole management.

The douche, as a means of repression, often suffices to induce to the general law of labouring a patient who is capable of it, to conquer an obstinate refusal of food, and to subdue patients led away by a sort of fanciful turbulence, of which they are rationally conscious. In giving it, insulting terms are avoided; on the contrary, the patient is made to understand that it is for his own good, and with regret to us, that we have recourse to these violent measures; and sometimes pleasantry is used at the time, care being taken not to carry this too far. As soon as obstinacy ceases the repression is suspended, and a tone of affection-

ate benevolence is made to succeed it. We may judge of the efficacy of this means, which is very common in this hospital, by the following observation. *Case*.—A patient of very strong constitution, liable during more than ten years to periodical and irregular attacks of mania, could not be restrained by the most energetic means, which did but exasperate her. She tore to pieces all sorts of garments and covering, and had to lie in straw; she had been taken by her parents from another hospital. On her arrival she was excessively meager, although very voracious, and nothing could equal her intense fury. She was given a nourishing diet, and her habit of tearing being carried to its utmost extent, she was submitted to a rather strong douche, and the strait waistcoat was applied, which attached her to a bed until she should ask pardon. As soon as she was submissive, freedom of motion was accorded to her; a relapse was accompanied by a renewal of the same means of repression, which induced calmness and circumspection. Owing to the sickness of the director for twelve days, this patient forgot the lessons which she had received, and began to strike, and tear, and rave as before. The director renewed his threat of punishment, but she did not appear to regard it. She was then conducted to the bath, strongly douched with cold water, and kept in a motionless posture by the strait waistcoat; this time she appeared humbled and cast down, and the director, to impress her with a feeling of terror, spoke with the most energetic firmness, but without anger, and announced that she should be thenceforth treated with the utmost rigour. Her repentance was exhibited by a torrent of tears, which she shed during nearly two hours. The next day, and those following it, she was calm; the other symptoms diminished progressively, and after an entire convalescence of some months, leaving her in an unequivocal state, she was restored to her family.

Another instance, which I had formerly at the Bicêtre, shows the advantage, occasionally, of strongly impressing the imagination of a patient, and of striking him with terror. A young man during the Revolution was dismayed at the overthrow of the Catholic religion in France, and, overcome by his religious feelings, he became maniacal, and was transferred to the Bicêtre after being treated at the Hôtel Dieu. Nothing could equal his sombre misanthropy; he spoke only of the torments of another world, and he thought that, to escape them, he ought to imitate the abstinence and macerations of the ancient anchorites. Thenceforth he abstained from all nourishment, and towards the fourth day of this inextinguishable resolution his state of languor made his life to be feared. All sorts of persuasion failed. M. Pussin, the director, then presented himself one evening at the door of his lodge with an array calculated to affright—with a fierce look, a loud voice, and a crowd of attendants clashing chains which they bore. Pottage was placed near him, and he was ordered in precise terms to take it during the night, if he did not wish to incur the most cruel treatment. After fluctuating between the fear of the present and of the future punishment for many hours, he at last determined to take the nourishment. By a proper regimen, he was afterward restored to health both of body and mind.

On the occurrence of a sudden outbreak of violent excitement on the part of a patient, most frequently occurring in maniacal cases of the nervous temperament, a great secret in subduing them, without either

giving or receiving any hurt, is to cause the attendants to advance, in order to impress them with a sort of fear by an imposing array, or to render vain all resistance by measures adroitly managed and combined. On such a sudden delirious paroxysm, and when the patient has in his hands some offensive weapon, as a knife, a stick, or a stone, the director, always faithful to the maxim of maintaining order in shunning acts of violence, himself advances with an intrepid air, but slowly and by degrees, towards the patient, and, to avoid exasperating him, he does not hold any sort of weapon; he speaks to him while advancing in a firm and menacing tone, and by reiterated appeals continues to aim at concealing from him that which is passing at his sides: he orders him to obey, and give himself up. A little disconcerted by the fierce aspect of the director, he loses every other object of sight, and, by a certain signal, finds himself suddenly surrounded by attendants, who had advanced slowly, and as if without his knowledge. Each one seizes a limb, one an arm, another a thigh or a leg, and he is thus lifted up and carried to his lodge without any farther difficulty. In the disorders occurring among the insane, as in those taking place in civil society, to repress them and renew tranquillity, measures are necessary which result from experience and knowledge of men, united with an energetic and prompt execution. Sometimes the murmurs and discontent of one will be communicated to others; a party, as it were, will be formed, as in a popular insurrection, and evil results will ensue, unless the outbreak be avoided at its commencement. Under such circumstances, I have often seen the director brave, with a sort of audacity, this tumultuous effervescence, break through right and left, seize the most mutinous, conduct them to their lodges, and thus almost immediately renew tranquillity and calm.

III. *The Necessity of Order and of Studying Character.*

The extreme importance is not surprising which I attach to the maintenance of calm and order in a hospital for lunatics, and to the physical and moral qualities which a supervisor demands, since it is one of the fundamental bases in the treatment of insanity, and without it there can be no permanent cure. Sagacity, ardent zeal, continued and indefatigable attention, are necessary qualities in watching narrowly each case, in seizing the curious features of the insane ideas, and the particular character of the derangement; for by age, constitution, habits, the complication of madness with other diseases, and the degree of lesion of the mental faculties, what varieties are created! In certain difficult cases, many months of a like study are scarcely sufficient to decide and fix on, with justice, the particular treatment which should be adopted; but in the greater number of cases—above all, in insanity arising from deep grief—the experience of each day attests the success which consoling conversation produces, by the happy expedient of renewing hope and gaining the confidence of the patient: to employ, then, bad treatment, or a very rigid mode of management, is to exasperate the evil, and render it incurable. *Case.*—A young man, following other depressing events, lost his father, and some months after, a tenderly-beloved mother: from that time there existed a profound and intense sadness, more sleep and more appetite, and shortly after an explosion of the most violent mania occurred. He was submitted to the usual treatment, as abundant and repeated bleed-

ings, the use of baths, and the douche; with these measures was united extreme rigour: all curative means failed. The same mode of treatment was renewed a second and a third time, and with as little success, or even with an exasperation of the symptoms. He is finally transferred to the Bicêtre, and is described as very violent and dangerous. The superintendent, far from blindly deferring to this information, left him free from restraint in his lodge at his entrance, in order to study his character and the nature of his derangement. His sombre taciturnity, abasement, pensive air, and some disconnected remarks respecting his misfortunes, showed the essential character of his derangement through the incoherence of his ideas. They consoled him, they spoke to him with interest respecting his condition; they succeeded, by degrees, in dissipating his gloomy distrust, and led him to hope for the re-establishment of his affairs. One encouraging circumstance followed this promise, for they obtained from his curator some slight monthly aid to render him more comfortable. The first payment drew him from his abasement, and aroused new hope; his confidence and esteem towards the superintendent were boundless, and he, by degrees, recovered through the mild and conciliatory course of treatment which had been adopted.

Certain varieties of character may render a patient insusceptible of yielding but after repeated alternations of sallies more or less violent, and the employment of a wise and moderate repression. "In the moral treatment," say the compilers of the British Library, "we are not to consider the insane as absolutely deprived of reason, that is to say, as inaccessible to the motives of hope, fear, and the feeling of honour. . . . It is necessary to subdue them at first, to encourage them afterward." These general propositions are, no doubt, very true and very faithful in their application. *Case.*—The father of a family, a very estimable person, lost his fortune, and almost all his resources, by the events of the Revolution. The routine and ordinary treatment of insanity by means of baths, the douche, repeated bleedings, and the most inhuman means of repression, were employed. The symptoms, far from yielding, grew worse, and he was transferred to the Bicêtre as incurable. The superintendent, without attending to the information that had been given, that this patient was very dangerous, attempted a deep study of his character. No patient had ever given freer rein to his acts of extravagance: swollen with pride, he believed himself to be the Prophet Mohammed, struck right and left all those who came in his way, and ordered them to prostrate themselves and render him homage. He passed each day in pronouncing pretended decrees of proscription and death; he menaced the servants, and disdained the authority of the superintendent. One day, even when his disconsolate wife came to see him, he behaved contumeliously towards her, and she would have been killed if they had not run to her succour. Mildness and remonstrances would have been useless here. He was ordered to be quiet, and on his refusal to obey, they punished him with the strait waistcoat and a seclusion of about an hour, in order to make him feel his dependance. The superintendent soon took him from his lodge, spoke to him in an amiable tone, reproaching him with his disobedience, and expressed his regret at having been forced to adopt towards him rigorous measures. A return of his senseless con-

duct next day, and a renewal of the repression; the same illusory promises to be more tranquil in the future. A new and third relapse, followed by the punishment of an entire day's imprisonment, and a more marked calmness during the following days. An explosion, for the fourth time, of his haughty and turbulent humour, made the superintendent feel the necessity of producing a decided and more favourable impression. He addressed him with vehemence, and sought to make him lose all hope of reconciliation, and had him hastily shut up, declaring that he would be thenceforth inexorable. Two days passed, and during his rounds the superintendent answered but by a mocking smile to the reiterated entreaties which were uttered by him; but, through a secret agreement between the superintendent and his wife, she set the prisoner at liberty towards the end of the third day, charging him expressly to restrain his violent behaviour, and not to expose her to reproaches for having exercised too much clemency. He continued calm during many days; when he could scarcely restrain his dangerous sallies, a look of the lady sufficed to reduce him to order, and he ran and shut himself up in his lodge, from the fear of being again found fault with: all traces of his disease were thus gradually dissipated; a six months' trial sufficed to render his cure complete, and he then occupied himself diligently in repairing his ruined fortune.

Living among the insane makes us familiar with their particular dispositions, and may suggest, in certain cases, means of seconding an energetic repression. *Case.*—A soldier, yet insane after submitting to the treatment of the Hôtel Dieu, was, all on a sudden, occupied by the exclusive idea of his departure for the army, and after attempting in vain all mild measures, force was resorted to in order to make him enter his lodge. He tore everything in pieces during the night, and was so furious that the strongest bonds were employed: they left him to dissipate his impetuous fury during the following days. Eight days were thus passed in constant and violent excitement. In the morning rounds of the superintendent he took a most submissive tone, and said that he would hold him to his promise of loosing him from close confinement if he was tranquil. He was answered kindly, all restraint was immediately removed, and he gradually recovered.

Reasoning with them applies only where there is not a complete irrationality. Where they are influenced by a blind fury, and led away by a tumultuous course of ideas without order or sequence, they are to be subdued by the strait waistcoat and strict seclusion; but if judgment yet remains, another important secret in terminating quarrels, in conquering their resistance, and in maintaining order, is, not to appear to perceive their sallies, not to utter a word savouring of reproach; to enter apparently into their views, and to adroitly communicate an impulse which they shall believe to be owing only to themselves. I have thus seen Mrs. Pussin, the matron, approach the most furious maniacs, calm them by a consoling conversation, and make them eat, after an entire refusal to do so. A patient, dangerously reduced from extreme abstinence, one day, setting himself in opposition to her, repulsed the aliment which she offered to him, and lavished upon her the most outrageous terms. She placed herself immediately in unison with his insane expressions; she leaped and danced before him, and, making some witty repartees, caused him to smile, and profited by the

favourable moment to make him eat. Three patients, each believing himself to be Louis XVI., energetically disputed one day concerning their rights to royalty: by approaching each one in turn and taking him aside, telling him that she wondered how he could dispute with persons obviously insane, and knowing that he was the king, she thus put an end to the contest. A young man who had been calm for many months, and at liberty in the interior of the hospital, all at once became excited; he penetrated into the kitchen, armed himself with a knife used to chop vegetables, and leaped upon a table, bidding defiance to every one, threatening to kill the first that approached him. Mrs. P. then observed, "Why do you hinder this capable man from assisting me in work?" She spoke to him kindly, engaged him to approach her, showed him the manner of cutting up herbs with the knife, and feigned to felicitate herself with having found such an assistant. The patient, thus deceived, and wholly occupied chopping, at a given signal was surrounded by the attendants, who carried him to his lodge, while the matron retained the instrument in her hands.

IV. *Importance and Difficulty of strict Order.*

A fundamental principle in preparing the cure of insanity, in a great number of cases, is to recur at first to an energetic repression, to be succeeded by kindness, in order to gain the confidence of the patient, and to convince him that only his advantage is consulted. It is the principal of the interior police who should show himself under these two different aspects, and the whole household of attendants should but second his plans, and no other authority should intervene, or evil results must ensue. A patient was only insane as to pretended persecutions; the principal seeking to dissipate such delusions, another authority intervened, and she became incurable.

VII. *Exercise and Labour fundamental Rules.*

It is not a problem, but a result of the most constant experience in all public asylums, as prisons, hospitals, &c., that the most sure, and, perhaps, the only guarantee for good manners and order, is the regulation of mechanical labour rigorously enforced. This truth is, above all, applicable to hospitals for the insane; and I am very strongly convinced that an establishment of the kind, to be durable and of sustained utility, should possess this fundamental basis. Very few of the insane, even in their state of fury, ought to be kept from all active occupation. Constant labour breaks the chain of false ideas, restores the faculties of the understanding in giving them exercise; above all, keeps order in any assemblage of lunatics, and dispenses with a crowd of minute and often useless regulations for maintaining the internal police. At Saragossa, the founders of a hospital have not bounded their provision for labour merely to that of a mechanical nature, but have sought to find a counterpoise to the wanderings of the mind in the attraction and charm which agriculture inspires, through the natural instinct which leads man to fertilize the earth, and thus provide for his wants by the fruits of his industry. In the morning, some fulfil the menial offices of the house, others go to their respective workshops; the greater number are divided into different companies, under the conduct of intelligent overseers; they cultivate wheat, vegetables, and pot-herbs, and are occu-

pied by turns with the harvest, in hedging, in the vintage, and in gathering olives. The most constant experience, in this hospital, has taught that this is the most sure and efficacious means of cure, while the nobles, who scorn labour, do not get well. This is an example for us which cannot be too well known. Labour or pleasant exercise arrests the wandering ideas of the insane, prevents the flow of blood to the head, and produces tranquil sleep. I was one day deafened by the tumultuous cries and acts of a patient; field-labour conformable to his taste was procured, and thenceforth I did not observe, in conversation with him, any confusion of ideas. Nothing is more worthy of remark than the calm and tranquillity which formerly reigned among the patients of the Bicêtre when the merchants of Paris furnished a great number with manual labour, which fixed their attention, and proved agreeable by a slight attendant recompense. I have been always prevented by circumstances from procuring land, and have been limited to subsidiary means, choosing the attendants from among the convalescent patients. In the hospitals of Holland much expense is saved by giving the duties of attendants to convalescents. The object of labour would be fulfilled in its whole extent by adjoining to a hospital a vast enclosure, or, rather, to convert it into a sort of farm, of which the labourers should be under the care of convalescents, and the products from the culture of which should go to their use.

If a love of the fine arts, of the sciences, or of letters has characterized the individual when sane, it is often at the dawn of returning reason that this becomes renewed, and the first revelation of talent should be seized with avidity by a superintendent for the purpose of encouraging it. A musician whose insanity exhibited itself in monosyllabic discourse and senseless actions, on his approach to convalescence called to mind his violin; it was given him, and, with marked beneficial results, he played on it for eight months, and with his former skill. At this epoch he met in the garden a newly-received patient who was highly excited; he was so much affected that he broke his instrument and became incurable—a memorable lesson of the necessity of classification and isolation. The insane are apt to feel deeply the least sign of indifference, forgetfulness, or contempt. A sculptor at the Bicêtre, who had been in a most violent maniacal condition for many months, had become calm, and was given the privilege of freely going through the interior of the hospital; with a feeble state of intellect, a desire of painting (which art he had cultivated) came over him. After attempting two portraits with success, but with distrust of his skill, being asked to finish a picture, his request for a design was eluded, and in his indignation he tore to pieces his materials, and declared that he renounced the fine arts forever: a state of languor approaching dementia followed an access of fury of many months' duration. I made him pass into the infirmary to try the combined use of some simple remedies and a tonic regimen, familiar conversation, advice, and consoling discourse. The love of the fine arts seemed lost forever, an apathetic melancholy succeeded, and a colliquative diarrhœa put an end to his existence. The general law of mechanical labour is equally important for idiots of both sexes as for the insane. At the Salpêtrière there is a large work-room for sewing adjoining the dormitories of the convalescents, and where these assemble to pass the whole day together, encouraged by a light

recompense which they derive, giving to the most active a certain resource on their discharge, besides habituating them to occupation on entering again on their household affairs. We cannot sufficiently express the happy influence on the return of reason exerted by this regular assemblage of so many persons, conversing freely upon their concerns. The superintendent often visits them, to be a witness of their active industry, &c. It is here that, by familiar conversation and benevolent exhortations, certain sad and melancholy ideas become dissipated, in comparing the females who are not yet well with those who are happily restored, and whom, as an object of emulation, they take for models. It is very rare to see these persons, who are constantly laborious, subsequently experience a relapse. The natural propensity of the insane to paroxysms of anger, their tendency to give to circumstances the most unfortunate meaning, and to indulge in complaints, makes us feel the necessity of an invariable order that their condition may not be rendered worse; hence the measures which we put vigorously in execution at the Bicêtre. The hour for opening the lodges is fixed, according to the variations in the seasons, at five A.M. in summer, and at half past seven in winter, and so on in ratio; the extreme attention to remove the filth of the night, and to provide fully for cleanliness; the general visits of the superintendent in the morning, to assure himself that nothing has been neglected; the meals at a certain hour, and cleaning after them—at a little after rising, at eleven, and at four or five; the closure of the lodges at twilight; the night-watch to succour the sick and control the furious; the assiduity and presence of the servants at every hour of the day imperiously exacted to maintain order, to act in concert if the patients quarrel, or on an explosion of insanity; their express direction never to strike a patient; and their tactics, as it were, by signs, preventing all the audacious efforts of the maniacal: in one word, the general direction of a hospital assimilates to that of a great family composed of violent and turbulent beings, whom it is necessary to repress, but not to exasperate; to restrain rather by sentiments of respect and esteem than by servile fear, when they are susceptible of it, and to manage them most frequently with mildness, but always with an inflexible firmness.

VIII. *General Precepts to follow in the Moral Treatment.*

One of the principal rules in a well-regulated hospital is to have a central authority, who shall decide without appeal, having the sole control over both domestics and patients, and being never interfered with either by any other officer or by the friends of the patients. A young melancholic female, in a condition almost entirely convalescent, was thrown completely back by a permission to visit her, obtained surreptitiously. It is very important, says Haslam, to gain their confidence, to excite in them sentiments of respect and obedience; these are, perhaps, but the fruits of superiority of talents, discipline of temper, and dignity of manners. Imbecility, misconduct, and empty consequence, though enforced with the most tyrannical severity, may excite fear, but this will always be mingled with contempt. The superintendent who has once established an ascendancy may direct and regulate the conduct as his judgment points out. He should possess firmness, and when occasion may require, should exercise his authority in a peremptory manner. He should never threaten, but execute; and when the patient has

misbehaved, should confine him immediately. When he is a powerful man, two or more should assist in securing him, in order to inspire fear, and obtain prompt obedience without any difficulty or danger. The same author does not the less proscribe all acts of violence, all corporal punishment, as absurd cruelty where the patient cannot comprehend it, and as exciting a desire for vengeance when he is conscious of his fault. *Case.*—A man at the Bicêtre, in the vigour of his age, believed himself a king, and spoke very authoritatively: the treatment at the Hôtel Dieu, with the roughness of the attendants, had but made him more violent and dangerous. Constraint and condescension appeared alike inapplicable here: it was necessary, then, to watch for some mode of influencing this difficult case. One day he wrote to his wife a letter full of ill feeling and abuse: on showing it to another patient, he was reproved in a friendly manner, as seeking to drive his wife to despair; he therefore replaced it by another full of moderation and regret. The superintendent, regarding this as a favourable symptom, went immediately to his lodge, and led the conversation to the subject of his derangement. If you are a sovereign, he observed, why are you detained among the insane? He renewed the conversation in a friendly manner the next day, and pointed out a ridiculous patient affected with similar false ideas: in fifteen days he acknowledged his delusion, and in a few months was discharged. *Case.*—A patient in the Bicêtre, who had no other delusion but that of believing himself a victim of the Revolution, constantly repeated that he was willing to submit to his lot, refused to lie on his bed, and remained stretched out on the moist pavement. After measures of mildness, he was finally tied upon his bed, but he sought revenge by refusing all nourishment. On the fourth day of his fast, thirst made him take cold water in abundance from hour to hour; towards the twelfth day the superintendent announced to him that he should substitute soup for the water, since he was so obstinate; his thirst made him swallow it with avidity, and he was given cold water. He consented to take, the same evening, another dose of broth, and subsequently he passed on to the use of rice, pottage, and other solid aliments. It is extremely necessary in melancholia for patients to communicate their deep grief, and for us to make a powerful diversion from their false ideas, and act upon their senses by energetic and long-continued impressions. At the two extremities of ancient Egypt were temples dedicated to Saturn, to which the melancholy resorted in crowds, and the priests, under the pretext of a miracle, cured them by a resort to all the natural means which hygiene can suggest. Games, and recreative exercises of all kinds, were instituted in these temples; voluptuous paintings and seducing images were exposed to the eye on all sides; the most agreeable singing, and the most melodious sounds forever charmed the ear; they promenaded in flowery gardens, and in groves ornamented with exquisite art; sometimes they sailed on the Nile in gayly-adorned boats; at others, they were conducted to laughing isles, where, under the symbol of some protecting deity, they procured for them new and ingeniously devised spectacles and choice society. Every moment, in fine, was consecrated to some comic scene, to grotesque dances, to a system of amusements diversified and sustained by religious ideas. A particular and scrupulously observed regimen; the journey necessary to carry them to the sacred spots; the continual fêtes designedly instituted along the route; hope, fortified by su-

perstition and the talent of the priests, had power to suspend the feeling of grief, to calm their disquiet, and to produce oftentimes salutary changes, which went to the credit of the tutelary divinities. In the measures adopted in these antique establishments lies imbodyed the end which should be aimed at in all institutions for the melancholy: patience, firmness, sentiments of humanity in management, constant assiduity to prevent excitement and exasperation of spirit, agreeable occupations, and suited to the difference of tastes, various exercises of the body, and a spacious habitation planted with trees, the pleasant tranquillity of rural manners, and, at intervals, a music sweet and harmonious, and the more easy to obtain, as there is almost always in these establishments some distinguished artist of this kind whose talents languish for want of exercise and cultivation. Severity, seclusion, and strict restraint are condemned by the results of experience, which prove that a cure is to be achieved, in the greatest number of cases, by granting the patient a limited liberty in the interior of the hospital; by permitting all the movements of a harmless excitement, or, at least, limiting the repression to the use of the strait waistcoat, without omitting the other rules of moral treatment of which their condition is susceptible. Nothing is more constant than the powerful influence which a superintendent exerts who is guided by the true principles of philanthropy. Willis, Fowler, Haslam, Dicquemare, Poution, Pussin, and the steward of the asylum at Amsterdam, are examples of this. *Case.*—A patient in the vigour of age, and very strong, who had been brought to the just-named asylum bound upon a cart, alarmed all those who had brought him, and nobody durst unloose him to conduct him to his lodge: the steward sent away the crowd, talked with him some time, gained his confidence, and, after untying him, conducted him to his new abode. Every day his influence over him increased, restored him to reason, and returned him to his family. He who is wise and enlightened views the outbreaks of insanity as proceeding from blind impulse, or, rather, the necessary effects of a nervous excitement, against which we should no more be indignant than against the fall of a stone induced by specific gravity. He grants to the insane freedom of motion, to as full an extent as can comport with their own safety and that of others; he adroitly conceals from them the means of constraint which are employed, as if they do but obey the laws of necessity; he is indulgent to them, but he also knows how to resist their inconsiderate importunities with force, or elude them by address. The stormy period at the commencement of the attack is spent in studied management, and the intervals of calm are profitably employed to render the paroxysms less intense and less durable. I can rightly judge of the advantage of shunning a too strict seclusion; for while the most wild and furious patients of the Bicêtre were kept chained in their lodges, they were in continual agitation day and night: there were continual vociferations, tumult, and uproar; but after the strait waistcoat had been adopted, these patients walked freely in the courts, their excitement was dissipated in continual efforts during the day, and at night they were more calm and tranquil.

IX. *Precautions as to Religious Opinions.*

Case.—A young lady fell into the most furious derangement in consequence of extreme religious scruples, and at the least opposition to her will she invoked fire from heaven to consume the culprit. At

her entrance into the hospital she was in violent motion : she menaced and struck blows : they conducted her to her lodge, and applied the strait waistcoat. The superintendent came to see her some hours after, and ridiculed her respecting her impotence to make fire fall from heaven, since she could not disengage herself from the waistcoat. She became more calm the third day, and was given the liberty of walking in the court during the remainder of her treatment. It is especially necessary to repress in madness excessive pride, disdain, and arrogance, particularly if inspired by a mistaken devotion. *Case.*—A young patient expressed herself, on her entrance into a hospital, with an extreme arrogance : she abused the superintendent because he appeared before her with his hat on ; he regarded her with fierceness, and addressed her in a commanding tone ; he thundered, he menaced her if she dared to be rebellious against his supreme orders. Intimidated, she retired in silence into her lodge ; the next day she became calm, and remained so during the rest of her treatment. But it must be acknowledged that thus subduing a case from devotion is perhaps applicable but in some particular instances, and that many others entirely resist repression, as being inspired by the Deity, whom it is worse to disobey than men. How can we succour a state of despair from imaginary unpardonable crimes but by consoling discourse and tact in gaining the confidence of the patient ? An old nun, formerly an instructress, was brought to the hospital in a state of the most profound melancholy ; different physical and moral means were all in vain ; she incessantly repeated to the superintendent that he ought to consider and punish her as the greatest of criminals. At last, one day, to such an observation she was answered sharply that he did not wish to hear her speak again, as her ideas were always the same, and she showed no confidence in him : she retired in silence, and reflecting deeply upon her ideas of criminality on the one hand, and, on the other, the amiable remonstrances of a man who must be influenced by the best motives, she finished by becoming fully convinced that her scruples were chimerical, and did not ask but to labour ardently for recovery by the use of some other physical means. Experience teaches that patients deranged from a religious cause have their disease perpetuated by keeping their books of piety, and may thus even be rendered incurable. Religious ceremonies have also sometimes a bad effect.

X. Restriction as to Communication with Persons out of the Hospital.

Experience has taught that the insane are scarcely ever cured in the bosom of their families. Willis, in his establishment, placed extreme restrictions on the interviews of patients with their relations : he only granted them in certain cases, under the title of encouragement and recompense, and then very rarely. In Bethlehem Hospital a permission of entry is indispensable, and on the admission of a patient they give to his family the power of visiting him only once a week. In France, also, the disadvantage from the visits of too many strangers has been sensibly felt ; and at the Salpêtrière a permission is necessary. I have seen a patient, in the decline of a paroxysm, conduct himself with the highest degree of fury and violence against one who had provoked him through the window, causing him to suffer a relapse of more than a year's duration. Another patient, a merchant,

who had become deranged from loss of fortune, was rapidly convalescing, when he learned that a certain part of his property had been made away with, and a female came to see him wearing ornaments which had belonged to him: he became melancholy, and by degrees demented, and is now incurable. Both in England and France experience has proved the necessity of asylums: Haslam, for instance, may be cited in their favour. It is universally observed that the insane are scarcely ever restored under the immediate direction of their friends and neighbours. Their visits even augment the patient's excitement. However, in the progress of convalescence, some visits at intervals appear to have the most happy influence: they console and open to them in the future a new prospect of happiness and hope. Many lunatics, who were furious and intractable at home, are calm and docile in a hospital. The visits of persons of whom patients have reason to complain, or who excite disagreeable recollections, may have very hurtful effects: a widow in a convalescent state, although wholly uninjured by the visits of two of her daughters who had acted well, was so affected by seeing a third who had acted badly, that she relapsed, and became incurable. I could multiply sad instances of bad effects from the premature visits of relatives or others who had previously held peculiar relations towards the patients. It ought not to be forgotten that, even during convalescence, the empire of reason is yet feeble, and that in the visits which are permitted to relatives and friends, they should beware of exciting lively emotions, and thus tending to produce a relapse. The precise period of convalescence when their friends may see them without danger is difficult to settle: many circumstances must here be taken into consideration, as, for instance, whether the person to be seen is an object of aversion to the patient or not. Insane mothers should never be suffered to see children who are strangers to them: this sometimes excites the most stormy scenes. A patient in the decline of the recent stage escaped through the door of the court, found a child, seized it, and violent efforts were necessary to get it from her: she was, after this, violent and furious for many months.

XI. *Measures of Vigilance Exacted by Certain Perverse or Violent Patients.*

In the paroxysms of periodical mania, if the patient is dangerous, it only remains to keep him shut up, or to fix him upon his bed by the aid of the strait waistcoat and a girth; but a wise and experienced superintendent sometimes seizes happy means to render himself master of the patient, even from the first days, by mild management, and causes the fury and delirium to cease simultaneously. *Case.*—A very sensitive person, aged twenty-eight, experienced profound grief and a sudden suppression of the menses; the two following periods were marked by slight delirium. In the third month the disorder of her ideas was extreme, and she fully believed that certain perverse inclinations which subdued her could only be attributed to the suggestions of the demon. She went about begging to be exorcised, and incessantly crying out, *the devil, the seven angels of the Apocalypse, &c.* Her face was red, her voice strong, her eyes brilliant and wandering; she attributed a spasmodic oppression of the throat to the efforts of the evil spirit to strangle her. Chaplets and mystic images were suspended around her neck to dispel her evils. On her admission in this state at the Sal-

pétrière, the director spoke to her in a firm and energetic tone. He assured her that the demon never entered into this asylum, and took away the chaplets, &c. She made no resistance, laid down and slept a tranquil sleep. The next day she could not conceive how she could have believed herself possessed, and recognised her error. The twelfth day there were free excretions, and tranquil sleep a part of the night. The fourteenth day a little sleeplessness, thirst, and perspiration. Warm baths seconded the return of the menses, which took place the twenty-eighth day. Her melancholy ideas, and irregular and transient delirium, gradually disappeared. Towards the end of the third month reason was entirely established. *Case.*—A young country girl, of great purity of manners, was grossly insulted at the moment of menstruation by another female, and fell into a furious delirium; nine female attendants could with difficulty shut her up on her arrival. Three days had scarcely passed, when the superintendent examined her with care, spoke to her mildly, and gained her confidence: she became calm and tranquil the same day, and from the day after she was able to pass to the dormitory of the convalescent. An old nun in the Salpêtrière, affected with mania without delirium, in its pure form, that is, with scarcely any lesion of the understanding, offered a good example of this variety of insanity: she continually struck, and loaded with the most insulting epithets all those around her; she would throw her clothes in the fire, and complain of being left naked; would throw her food at the attendants or hide it, and then complain of being starved. Being dangerous to the other patients as a source of confusion and discord, she was kept sequestered in a solitary lodge. Against the secret plots of such patients it is necessary to guard with care. A patient of this kind, a female of rank, by promises of wealth, &c., to the attendants of the hospital, had so gained them over to aid her, that the wall of the asylum had been surmounted before an escape was discovered. The hospital was delivered by the police of so dangerous a female, who had no disease of the understanding except reflections resulting from an intense immorality. It is important to distinguish a sort of reflecting wickedness, which is connected with the free use of reason, as in the preceding cases, from that consciousness that appertains to a diseased condition, which should be submitted to regular treatment; although the patient reasons with exactitude, yet he is sensible of his condition, and of the irresistible propensity which bears him forward to disorder, or even to the most culpable actions. At the Bicêtre, under the old system, a patient, subject to periodical attacks of insanity, asked himself that they should put off his deliverance from his chains until he felt himself able to subdue the blind impulse that led him on to acts of violence. The humane means of repression which I have detailed are now established at the Salpêtrière, and in the private asylum of M. Esquirol. The difficulty of adopting elsewhere these measures consists in the fact that two objects are united which seem incompatible: the repression of a patient by resisting with energy his senseless will, and the happy gift of gaining his confidence by convincing him that we use severity merely for his good, in order the more surely to obtain a cure. *Case.*—A young person, aged 27, brought up with care, but with great indulgence, without determinate cause, fell into a lively and wanton madness; at the hospital she leaped, danced, and delivered herself to a thousand irregular movements. She was

given some laxative drinks, and baths; and the director and his wife treated her with the utmost mildness, and did everything to obtain her confidence; but she always retained her presumptuous character, and did not speak of her parents but with bitterness, reproaching them for having confined her in a hospital. The superintendent, at the moment of bathing, expressed himself strongly against certain unnatural persons who disobeyed their parents and despised their authority. He forewarned her that she would be thenceforth treated with merited severity, since she opposed her own cure, and concealed the cause of her malady. She was deeply moved, reflected on the subject, and in a day or two acknowledged her bad conduct, and confessed that her derangement had been caused by disappointed love. The most favourable change then took place: she expressed gratitude to the superintendent, and her convalescence made rapid progress. The means of repression sometimes excite the dislike of the patient, which is only removed by convalescence. *Case.*—A young female, indulged from her youth, experienced in her family a furious attack of madness. At the hospital, in this condition, the use of acidulated and laxative drinks made her pass for many days a blackish matter, and the symptoms diminished; but the energetic means of repression—baths, the douche, and the strait waistcoat, were insupportable, and inspired her with an intense hatred for the superintendent, who was, on the other hand, constantly desired by her parents to continue these measures. The exasperation of the patient sensibly retarded convalescence. The parents, on a fixed day, came to the hospital, and announced that they had earnestly solicited the treatment which she had received. She immediately recognised the true value of the care which had been lavished upon her, remained calm, took a smiling air, and her convalescence made a rapid progress. Difference of temperament, taste, age, &c., necessarily induces variety in our modes of management, and in the choice of means proper to gain their confidence, and to maintain constant order in a hospital. It is sometimes necessary to know how to take suitably the tone of authority and command, in order to arrest a paroxysm of petulance or of exaggerated pretensions. *Case.*—The old cook of a person of quality was transferred to a hospital, with all the signs of mania without delirium: some time after, she was agitated, impatient, in turn shed tears, and flattered herself that she would shortly regain her place; she believed herself a privileged person, became very indocile, and took little heed of the orders given to her; she even struck an attendant who waked her too quickly in the morning; she replied with haughtiness to the superintendent, who reproached her with her conduct. Force was then resorted to, and after some hours' seclusion she felt her dependance, and remained afterward calm and docile. *Case.*—A female, in the decline of the maniacal state, retained still, at intervals, fits of passion, which she could not subdue. She one day seized a knife and threatened to kill all those who opposed her will. The superintendent being informed of this, caused the attendants to interfere successfully and without accident, and he had her carried to the bath. As she had already regained the use of her reason, he represented to her the danger of her sallies, and made her receive a strong douche on the head, which was repeated the next day. He showed her, at the same time, other persons around her who took the baths, but to whom the douche was not given, because they were

tranquil, and never sought to wound with a dangerous weapon. After the third day, the fear of the douche, through its moral influence, produced a calming effect, and, after the trial of three months' treatment, she was restored to her family. A case from religion had become less incoherent, but was unsociable: she incessantly got angry from the most frivolous causes: it was a crime to sing, speak, or move near her, and these were subjects of great complaint. The superintendent had her led to the bath, represented how much her presence created everywhere confusion and disorder, and explained in a very precise manner the motives which determined him to give her a strong douche in order to repress her passions, while he abstained from giving it to others who were also at the bath. Three similar operations during a week sufficed to render her calm and moderate, and she thereafter worked assiduously in the sewing-room. The necessity of the most strict and impartial justice in repressive measures, and the importance of making the insane understand our motives, when they are capable of doing so, in order to merit more and more their esteem and confidence, and to induce in them the calmness so necessary to obtain a solid and durable cure, are, in general, points fully settled between the physician and the director. Incessant and careful attention is requisite in the general distribution of the insane in different departments, to make them pass from one to the other, according as they are changing for the better or the contrary; to always encourage, sometimes to repress, to inspect in detail every part of the internal management, to guard against the contagion of bad manners, to foster quietude everywhere, and to remove all objects of confusion and discord. Daily experience teaches the necessity of having, at some distance from a hospital, seven or eight lodges, where may be kept in isolation and seclusion, for a greater or less length of time, certain of the insane who are not furious, but very turbulent and very indomitable. In this number are, 1. Those who cannot be induced to labour, and who, being always in a state of mischievous activity, take pleasure in harassing the other patients, and in provoking and exciting incessantly subjects of discord, while the ordinary means of repression do not produce in them the least reform. 2. Devotees, who believe themselves inspired, who seek constantly to make proselytes of others, and who take a perfidious pleasure in exciting the patients to disobedience, under the pretext that it is better to obey God than men: mildness, menaces, and repressive measures fail equally with characters always ready to act in an inverse sense to the impressions which it is proper to make upon the insane in order to restore them. 3. Females who have during their paroxysms an irresistible propensity to take away everything that falls in their hands, who go into the rooms of other patients, bear off everything found there, and create disputes of interminable altercation. It would, doubtless, be very easy to abandon every patient to the bottom of his lodge as an unconquerable being, to load him even with chains, and to treat him with extreme severity; but constant experience cries out against this. An inviolable law in establishments for the insane should be to grant to the maniac that extent of freedom which his own safety and that of others permits; to proportion the repression to the importance, more or less great, or to the danger of his bad conduct; to rigorously prevent roughness and acts of violence in the attendants; to collect all the facts which may serve to enlighten the physician as to treat-

ment; to study with care the particular varieties of manners and temperament, and to employ, according to the indication, mildness or firmness, a conciliatory course, or the imposing tone of authority and of an inflexible severity.

XII. *Management of the Melancholy.*

The management of patients labouring under melancholia requires equal talent and zeal as in mania, to dissipate the exclusive ideas and to arouse the courage. *Case.*—A very rich, middle-aged man remains sedentary during many months, becomes morose, and subject to the most pusillanimous fears. A great voracity succeeds to a loss of appetite. He sleeps little, and passes the night in continual fright; believes himself to hear words spoken in a low tone of voice, and an instant after, carefully shutting his door, thinks that he has not shut it, and goes back again and again. He experiences great irritability in his ideas and in his will; wishes and does not wish, and is always tormented by suspicion and mistrust; he complains often of spasms, and of what he calls nervous shootings in the abdomen; fears to respire the external air, and keeps himself always shut up; knows that he is not doing as he ought, but avows that he is unable to change his manner of living. Firmness, the continued use of mild laxatives, and riding on horseback, have made this melancholy to cease. *Case.*—A young person fell, without any known cause, into a sombre moroseness, and suspected all around of wishing to poison her; the same fear pursued her after quitting the paternal mansion and taking refuge with one of her aunts. Her suspicions were so great as to make her refuse all sorts of nourishment: at a boarding-house the same symptoms existed. At the Salpetriere, as she was tranquil, she was placed in the dormitory of the convalescents. She was so noisy in the night that she had to be moved, and was confined in a lodge, where she continued to exercise her suspicions. The visit of a stranger exasperated her melancholy, and from that day she refused with obstinacy all sorts of nourishment. The strait waistcoat was ineffectually applied to induce her to eat; the douche was then employed: at the moment she promised, but away from the bathing-place renewed her refusal. The next day food was carried to her while in the bath, with the injunction to partake of it or have the cold water poured on her head: she obeyed without repugnance. The tokens of interest felt in her, and consoling and pleasant conversation, finished by gaining her confidence; she commenced working assiduously, and by degrees her illusions and chimerical fears vanished. *Case.*—A mother, noted for her extreme attachment to her family, and whom domestic griefs had thrown into the most profound melancholy, regarded the aliments offered to her as being food intended for her children, and repulsed it with indignation; recourse was found expedient to the douche many times, to ward off starvation. The absolute refusal of nourishment in a good asylum calls for the greatest perseverance and a multiplicity of endeavours. Recourse is first had to mild means, to pressing invitations to open the mouth, which is kept closely shut. If the patient perseveres in his resistance, and is unwilling to chew solid nutriment, a trial is made of nourishing drinks, broth with rice, vermicelli, or milk, introduced by an iron spoon to separate the teeth. Should this means prove insufficient, recourse is had to the spout of M. Pussin: the nostrils are closed, and when the patient opens his

mouth to breathe, he is made to swallow some substantial liquid, which proceeding, oftentimes repeated daily, is continued many days. In one of these cases, when other means had failed, I had an elastic sound passed through the nostrils, through which liquids were passed into the stomach. The most active care is requisite in removing all the external signs of religion, such as books of devotion, images, crosses, and relics, since the most repeated experience has shown that relapses often result from them, and that they are always a very great obstacle to successful treatment. The suicidal propensity frequently accompanying melancholy calls for strict watchfulness. *Case.*—A very amiable female, tenderly beloved by her husband, fell into this atrabilious condition subsequent to childbed, and made repeated suicidal attempts. She had, on her admission, excessive disgust for life, and made constant efforts to destroy herself: she took verdigris, she bruised her breast severely by blows with a stone, and she tried to strangle herself with a lacing cord; but all her efforts were in vain. From time to time she made other attempts, but was finally dissuaded from them by mild methods, the continued use of tepid baths, diluting drinks, and assiduous employment. In melancholy, we must accommodate our moral treatment to the character which the patient assumes; for some of the melancholy are not timid and sensitive, but deceitful and haughty, and would become entirely incurable from misplaced indulgence. Complaisance to such patients makes them more conceited and imperious, and ends in rendering them incurable. The necessity for a supreme head in institutions for the insane becomes still more important with regard to the management of the melancholy, as they are always disposed to seek a protector, and if such a one is found, their erroneous ideas are only confirmed, and they become incurable. The attendants should be carefully prevented from being rough with the melancholy, although they ought to be ready at the moment to combine against any sudden explosion on the part of a patient. *Case.*—A patient at the Bicêtre, labouring under mania without delirium, marked by a blind fury, had each paroxysm attended by a strong flow of blood towards the head: during the access he felt an irresistible sanguinary propensity, and if at hand, he would seize any cutting instrument to wound the first person that came in his way. He felt his situation, and had the use of his reason even in the access of fury. The contest between his reason on the one hand and his blind propensity on the other reduced him sometimes to despair, and he one day seized the knife of the shoemaker of the hospital and gave himself a severe wound in the right breast. Strict seclusion and the strait waistcoat arrested his suicidal projects.

Onanism is often contracted before puberty, but in the most discreet and decent young persons it sometimes springs up in a maniacal attack; it may be perpetuated and become a sort of chronic affection, or may become communicated by a sort of contagion to other patients, if this is not prevented by an extreme watchfulness. For those who have lost all modesty, who are completely shameless, nothing remains but confinement in retired lodges, in order that other patients may not be infected by their example.

Medical Treatment.

Two methods are in use for the treatment of insanity: the one, very

ancient, consists in interrupting the malady in its progress by repeated bleedings, by strong douches, by cold baths, or even baths of surprise, and in a strict seclusion. The other, which is adopted at the Salpêtrière, regards insanity as an acute disease, which has its successive periods of intenseness, of decline, and of convalescence; whose order should not be disturbed, but whose symptoms it is necessary to calm by mild means, as warm baths, laxative drinks, and sometimes sedatives or very light douches; in certain cases an energetic repression, but short, and constantly kind manners, or the happy art of gaining the confidence of the patient.

I. Striking the Insane as a Means of Treatment.

I am opposed, for many reasons, to blows as a means of cure; which measure has been in constant use; which has been recommended by Celsus; which has been partially sanctioned by Willis; which was the strict discipline of a celebrated monastic institution in the south of France; and which was used by a farmer in Scotland, who worked patients sent to him as beasts of burden, and who was famous for the cure of insanity. Blows are incompatible with the character of the French nation, and would rather suit those who had been always slaves. Patients transferred from elsewhere to the Bicêtre, and designated on their arrival as very violent and dangerous, because they had been exasperated by blows and bad treatment, seemed suddenly to assume an opposite nature when they were spoken to with mildness, when their misfortunes were commiserated, and when they were given the consoling hope of a better lot. Convalescence then progressed rapidly without any other device. The most constant experience does but teach that, to render the effects of fear solid and durable, this feeling should be allied with esteem in proportion as reason resumes its sway. When a maniac, led on by a blind fury, delivers himself unceasingly to piercing cries and menaces, being sleepless, and in constant agitation for many months—when he tears to pieces even the straw of his couch, an antispasmodic, in a greater or less dose, will sometimes calm him, and cause even the symptoms of violence to cease; but observation teaches, also, that in a great number of cases we may obtain a sure and permanent cure by mild and moderate means, by leaving the patient to his tumultuous excitement, by using no greater repression than that for which his own safety and that of others calls, which is obtained oftenest by the strait waistcoat; by guarding against exasperating him from a misplaced severity and provoking conversation; by shunning all possible refusals, all sharp replies, when he unreasonably solicits to be set at liberty, merely differing from him under plausible prettexts; finally, by keeping up the most strict police in the interior of the hospital, and, above all, profiting by the intervals of calm to induce regular occupation and hard labour.

II. Bleeding.

Is the frequent use of bleeding founded upon full experience? Upon the admission of patients into the hospital we have always interrogated their friends as to their being bled: the most constant answer was, that immediately after the bleeding the patient was worse. Two young persons, of the same age and analogous temperament, arrived at the hospital the same day: one of them had not been bled, and she was

cured in two months ; the other had been copiously bled, and had been reduced to a sort of idiocy ; she did not recover her speech until towards the fifth month ; her complete restoration only occurred at the end of the ninth. *Case.*—A female, aged 36, affected with maniacal delirium from fright, continually cried out ; her menses were suppressed, her face very red, her eyes sparkling, and the vessels of the conjunctiva injected. She was bled moderately from the foot ; shortly after, she fell into a complete state of idiocy, in which she remained two years. Among the patients received at the Salpêtrière, those who have not experienced any previous treatment are precisely those most easily cured. A bleeding is a very rare event, and makes an epoch in the hospital since I have directed the treatment. I am far from wishing to pronounce an entire exclusion of blood-letting in insanity, but I believe that cases of its judicious use are exceedingly rare.

III. *Immersion.*

Van Helmont recommended submersion in water : this measure has been transmitted by Boerhaave through the schools of the last century ; has been the practice of hospitals ; and plunging the patient by surprise in cold water is the advice of Cullen. This is a dangerous measure, and more apt to excite rage and the desire of revenge in the individual than to do him good. *Case.*—A man, aged 28, of a robust constitution, from reverses in the Revolution, exaggerated the evils of the future, fell into a profound sadness, lost sleep, and became suddenly a violent maniac. He fancied himself an Austrian general : the treatment of acute mania was used in the city of his department, and cold plunging-baths were frequently employed : he was only made worse, taking the tone of command at the time of the bath, and becoming furious at the palpable disregard of his supposed rank. He was then sent to my care in Paris ; he appeared very passionate and violent, and I felt the necessity of lending myself to his delusion in order to gain his confidence. I paid him deference, treated him with mildness, restricted him to diluents, with the liberty of constantly promenading in an agreeable garden ; I also conversed familiarly with him from time to time. He gradually grew calm, and towards the end of the month there was no remains of haughtiness or defiance : in three months all traces of his delusion had disappeared. But afterward, on the access of a more animated look, and a little more loquacity and petulance, I made him take, at intervals, during fifteen days, whey rendered purgative, and then some warm baths, under the pretext of cleanliness, to avoid arousing his old repugnance. An explosion was thus prevented, and after the stay of a year as a trial, he went out, and has been engaged for ten years in study and agriculture. We should always distrust reasonings, even the most specious, in favour of the direct action of any remedy ; these, and the authority of celebrated men, have their proper value ; but it is always a constant and well-sifted experience that can take away all uncertainty. I leave, therefore, the indications which baths are calculated to fulfil, such as relaxing the skin, &c., to pass for just as much as they are worth, and proceed to my own experience in the matter. At the Bicêtre, circumstances prevented the full use of baths ; but at the Salpêtrière, for eight years they have become the fundamental basis of treatment in both mania and melancholy : twelve bathing-tubs are in constant use during a greater part of the day. Patients in all stages of

the disease are in general admitted, and the baths are continued a longer or shorter time, or suspended, according to the intensity of the symptoms: for the sake of decency, the tubs are covered. A happy combination of the douche with the bath adds yet the more to its efficacy, and prevents even the least disadvantage which might otherwise arise. At each bathing-tub, and directly over the head of the patient, is a pipe, capable, by the aid of a cock, of letting fall from three feet high a thread of cold water, proportioned to the end proposed, and graduated according to the symptoms, but, in general, very small, and confined to a simple sprinkling. (The douche of repression, already spoken of, fulfils another purpose, and the head is then suddenly inundated.) It is only towards the end of the bath, and during some minutes, that the douche is administered, diminishing thereby the tendency to the head. The douche is even omitted frequently at the decline of the disease and during convalescence, when recourse is had to the bath at intervals, but it is renewed upon the approach of an access of mania, or when it has already burst forth; but douches from seven or eight feet, of many lines in diameter, and continued for a length of time at the will of the attendants, are wholly proscribed. The superintendent has the whole management of the measure. If there are marks of but slight excitement towards the organs of the head, the measure is restricted to letting fall drop by drop on the head of the patient, which, by its coolness from evaporation, is perhaps more advantageous than the English application of snow to the top of the head. M. Esquirol tried the douche upon himself: the reservoir was ten feet above his head, the water ten degrees below the temperature of the atmosphere, and the column four lines in diameter: it seemed to him as though a column of ice was split upon the part: the pain was very severe when the water fell on the fronto-parietal suture, and was more supportable on the occipital. The head remained as though numbed more than an hour after the douche. This is very different from the douche as used at the Salpêtrière. Here care is taken to banish all associations of terror, and to familiarize the patients with the proceeding, by making the threat, in a smiling manner, of a slight sprinkling upon the head of those whose reason has not gone entirely astray, and who have given way to some folly. The superintendent himself, in going through the work-room of the convalescents, makes it sometimes an object of pleasantry. Moreover, the douche is not given until towards the end of a tepid bath, at from 22° to 24° (88° F.) Reaumur, and is never prolonged above one or two minutes, reducing it to a very small thread of cold water, which is made to fall successively upon different parts of the head. In winter the patient is placed immediately after in one of the beds of a little court adjacent to that of the baths, and in summer is conducted to her own bed. If the patient weeps, she is consoled and encouraged, and it is recalled to her mind that she suffers a little only to be more promptly cured. Acting always with an array to affright is a false system; so also is continual contradiction. At the Salpêtrière, rigour and firmness are only displayed in order to subdue the patient, to lead her back to order, and to render her docile; so soon as she is submissive and resigned, when reason begins to regain her empire, and to make her confess her faults, all is changed towards her, and she has to expect nothing else but mild and kind manners.

IV. *Treatment in the first Period of Mania.*

An insane institution should be so constituted as completely to separate maniacs in the three periods of the disease; that is, when the symptoms are extremely intense, when their decline is very marked, and in convalescence. The most constant observation teaches that, when nothing interrupts the regular progress of insanity, and when this is happily seconded by appropriate management, the symptoms do not preserve all their intensity except during a certain time, more or less in duration; and that the method of causing extreme debility by bleedings and rigorous abstinence does but disturb the course of the disease, render it longer, and sometimes periodical, or soon produce a state of stupor and a sort of idiocy. We should only attempt, if the patient is very violent, to subdue his impetuous fury, and to render his efforts vain, by the use of the strait waistcoat. The febrile symptoms which often manifest themselves early in the disease, such as paleness or redness of the face, frequency of the pulse, and a very fetid odour, quickly yield to diluents and acidulated drinks. The first object to fulfil on the arrival of a patient in a hospital is to furnish him with an abundant nourishment, and by this alone, in a fortnight, we often produce the most favourable change. *Case.*—A lady had been bled many times, and condemned at home for many months, by order of a physician, to so rigorous a diet, that she was not even allowed to take substantial soup, and was, on entering the hospital, in a state of extreme weakness. We commenced by giving her nourishment, with respect to which she appeared insatiable, and she made moderate but frequent repasts. Her delirium, which at home was so great as to require four men to hold her in bed, diminished very remarkably, so that towards the eighth day she was permitted to walk about in the strait waistcoat. We continued to furnish her with the most substantial aliments: milk and chocolate at breakfast; rich broth, fish, and milk at dinner, with vegetables; and in the evening, baked or preserved fruits. Towards the fifteenth day she was restored to freedom of motion, and was in a condition to walk through the court, as the convalescents are accustomed to do. The treatment of patients in the first period of the disease consists in the united effects of many means, both physical and moral: their isolation, the character of the restraint being adapted to the peculiar condition of each one; attention to their eating, and to relieve the stomach if it be overcharged; the care to put an end to their confinement as soon as possible, and to make them breathe the external air during the whole day; the entire or limited freedom of motion granted to them, if they are not dangerous; the acidulated drinks, which diminish their thirst and internal heat; the art of seizing their first lucid moments to encourage and calm them; the particular study which is made of their individual character and their fantastic ideas; finally, an extreme watchfulness to remove all that can exasperate, but opposing, at the same time, an inflexible firmness to their sallies. Their agitation in general, however violent it may be, cannot disconcert us, as it belongs to the nature of the disease. We seek by mild medicines and a slow effect to produce a general relaxation, to diminish the vital energy by the use of mucilaginous drinks, milky or acidulated, simultaneously employing at intervals laxatives to prevent constipation, which is habitual to them, or some light

sedative to overcome the sleeplessness. We join to internal means the use of tepid baths, taken on alternate days, sometimes with a light douche towards the end of the bath. We do not hasten or precipitate anything; we suspend, from time to time, all medicine during many days, in order to leave to Nature the means of developing her conservative efforts, and we afterward return alternately to those which are capable of seconding her. The excessive agitation and rambling talk are thus diminished by degrees; the lucid moments are multiplied, and the patient, becoming susceptible of passing from the first division into the second, is prepared to receive even farther ameliorations of his condition. An exposition of the general rules of treatment is far from excluding the modifications of which they are susceptible, and the regard which is due in particular cases to a crowd of accessory circumstances. A young and plethoric person, for instance, one subject to hemorrhages, requires a different treatment from that applicable to a feeble patient. Through all the modifications, however, of which the general method is susceptible, and which may exact, in turn, the use of antispasmodics, evacuants, tonics, or of some exutory, we think that there is always perceptible a fundamental principle, about which all measures rally. This is, that in this disease, as in many others, Nature tends to cure, and to establish in their regularity the functions of the understanding, except in incurable cases. We have only to be faithful to the general laws of hygiene, to second the conservative efforts, and to give them time to develop themselves. Thus, for instance, in mania from childbed, the secretion of the milk being disturbed, and turned upon the origin of the nerves, the necessity has been suspected of applying a vesicatory to the nucha, and the most reiterated experience confirms each day the efficacy of this practice. Ferriar and Perfect in England, and Laughter in Germany, have made trial of some simple remedies, and they show sufficiently that we are upon the true track of research. Some bounds should be placed to the prescription of medicines, since oftentimes an expectant method, seconded by moral or physical management, suffices; and in other cases the disease is too much for all our resources. Such is the endeavour which I propose to fulfil in the actual state of our knowledge: to give the greatest importance to the history of the mental alienation, and to make a severe distinction between its different species, in order not to try useless experiments, or to direct the treatment at hazard; to have precise rules for the direction and interior police of insane establishments, since it is impossible to treat patients with success at home; to make sensibly felt the necessity of local arrangements for their methodical distribution, according to the periods of the disease; to place in the first rank the precaution of an assiduous supervision, and the maintenance of the most strict discipline as to the servants; to indicate the simple remedies which experience seems to ratify; and, finally, to reserve for extreme cases (those regarded as almost incurable) the employment of certain active remedies, which other circumstances might render superfluous, hurtful, or rash. In the acute stage of mania, patients should remain isolated in an obscure and silent place until the re-establishment of tranquillity. *Case.*—Mania, *first period*, 4th day: visage pale; eyes fixed; voice strong; ideas very confused; subject of delirium, a discovery made in chemistry. "One idea alone," says he, "ought to replace all others. I am God!

"I am the Father of the Universe!" Face heated; fury painted in his features; sparkling eyes; torrents of abuse against all those who approach him; menaces to exterminate everything. Restrained by the strait waistcoat, and takes an abundance of acidulated or milky drinks. Alternations of vociferations and oaths, with a comatose depression; an analogous state during the following day. 12th day: a great agitation during the night; false perceptions; believes himself to see around him cats, dogs, and wolves; at intervals, a sort of transient tetanus; eruptions of pimples upon the dorsal and costal regions. 15th day: pimples full of a transparent fluid, opening on the next day; sleep for the first time. From this day a diminution in the convulsive tetanic movements which existed previously. Frequent lotions of oxycrate upon the head, which is shaved and naked; passages solicited by an emetised drink. 24th day: some lucid moments, but in general a state of delirium; false perceptions, a sort of fury which impels him incessantly to break and tear everything to pieces. He speaks in turn of mysteries, the cabala, and the philosophical stone; he traces hieroglyphical figures upon the walls; hunger devouring; a drying away of the pimples. *Second Period*, 35th day: demands with interest news respecting his parents from one of his compatriots, and spoke of his friends; but shortly after, incoherent in his ideas. 46th day: a light promenade in the garden, as also on the following days. 52d day: obstinacy in remaining seated in the sun, which is hurtful to him; then a red face, eyes fixed or in quick motion, menacing looks, spasms in the muscles of the limbs, of the body, and the face, a sort of transient swooning. These symptoms renew themselves on exposing the face to the rays of the sun, and the prevention of this demands increased vigilance. Dejections more regular and less black; transient returns of the delirium, but the lucid intervals longer. Warm baths continued once in two days. Liquid dejections, hunger more moderate, but a constant involuntary impulse to break everything to pieces that falls into his hands. 73d day: riding for some hours (convalescence); a complete return of reason; a desire of returning to pieces that habits when his understanding should be re-established; spasmodic contractions more rare. 76th day: salivation, which becomes each day more abundant, and continues during a fortnight; desire to see his lady-love, whom he had taken care to separate from him. 80th day: fatigued by many visits which had been permitted him; the following days, certain extravagant ideas at intervals, the need of management for some time; the desire strongly expressed of returning to society and of marrying; thenceforth an unlimited liberty to go about out of doors. 90th day: returned to society, and was married a month and a half after his discharge. He has enjoyed since this period the entire use of his reason, in spite of the excessive heat of the following summer, the inquietudes inseparable to an unsuitable marriage, and very numerous engagements.

A great variety of expedients have been employed in hospitals in the endeavour to remove the singular ideas which affect the melancholy. One of them believed that his head had been amputated by order of a despot. Philodotus, his physician, had him made a leaden hat, whose weight convinced him that his head was yet on his shoulders. Sometimes, in melancholy, there is a certain physical derangement: this may yield to evacuates, but very often the consequent debility augments and

exasperates it. Melancholy marked by atony and extreme depression is to be remedied by the use of bark with opium, of which I can cite many examples. If there has been a suppression of a cutaneous eruption, or of an exutory, a seton or cautery becomes necessary. Ferriar, in the case of a young man who had fallen into the deepest melancholy, learned that for many years the patient had been subject in the spring to a herpetic eruption, which occupied a part of the back, extending even to the shoulder, and that the drying up of this eruption had been the period for the invasion of the disease: he prescribed a seton to the nucha. On the third or fourth day, a flow of very fetid matter was established. From this time a change for the better took place, and a complete re-establishment became afterward the fruit of exercise of the body, sea-baths, and a tonic regimen. Melancholy offers the more obstacles to a cure, since we have nothing to expect from the spontaneous efforts of nature. The other physical means proper in melancholy, which have not yet been mentioned, need not be referred to, as they belong, for the most part, to those employed in mania. The hellebore of Anticyra was celebrated of old in this disease. We ought not to lose sight of the results of a long experience; but we may now substitute other purgatives more or less active, and more fit to produce, with less inconvenience, analogous effects. It is oftener by moral means than by medicines, and, above all, by an active occupation, that we are able to make a happy diversion to the sad ideas of the melancholy, or even to change their vicious chain of ideas; but what difficulties in preventing relapses! *Case*.—A workman in the Revolution, from supposing that he was an object of suspicion, became filled with insano fears, and was transferred to the Bicêtre after the ordinary treatment at the Hôtel Dieu. He continually imagined himself a victim of the guillotine, and ever repeated that he was ready to submit to his lot. Being a tailor, he was given a moderate sum to mend the garments of the patients. He worked assiduously, and in two months had completely changed: he even spoke with a tender interest of a young child whom he had appeared to have forgotten, and expressed an extreme desire to have him with him: this was granted, and with the happiest effects. Experience has settled the effects of some simple remedies to prevent the return of the melancholic paroxysm that leads to suicide; but often, also, it exhibits them as powerless, and, at the same time, the advantage of a lively and profound emotion in producing a solid and durable change. For instance, a man of letters, about, with a suicidal impulse, to throw himself into the Thames, was relieved from his desire by an attack of robbers. At Besançon, formerly, the feast of Saint Suaire was celebrated by a crowd of the insane under the title of demoniacs: under the pretence of a miracle, cures were performed through the pomp and magnificence of the ceremonies, &c. *Case*.—A convalescent employed as an attendant was frightened at the menaces of a patient, and on one of the following nights was struck with the idea that the devil had given her four boxes on the ear; she thought she saw him in a corner of the lodge, under the covering, which, by her disordered notions and extreme agitation, had been rolled together on the floor. She was transfixed with fright, and uttered from time to time the most piercing cries, finding herself in a profound obscurity, and delivered up to all the delusions of her wandering mind. The superintendent opened her door, and by the light of a candle unrolled the covering and showed her that there was

no devil there; he spoke to her forcibly, recalled to her the testimonies of the confidence which she had ever given him, and exhorted her to be tranquil. She was placed in another cell, which she was made to examine thoroughly, to reassure her against the presence of the pretended demon; some baths, and the use of diluent drinks, have calmed, by degrees, this melancholic delirium, and she has returned to her ordinary duties.

V. The use of certain Remedies more or less Active, and proper to second the Measures of General Treatment.

Hellebore, so famous among the ancients, has, from the advance of medical science, been replaced by other purgatives and emetics, which are not attended with the danger accompanying the use of this medicine, as obstinate vomitings, &c., have been sometimes found to proceed from its employment; their action, also, is very simple, and more to be depended on. But we should always regard these medicines as accessories, of which a use so much the less indiscreet should be made, inso-much as our views are more extended, and our resources more certain, from the mass of other moral and physical means. I have remarked that a paroxysm of periodical mania is, for the most part, preceded by a sort of constipation, and an extreme sensibility of the intestinal canal; so that if we give, at the time, an abundant drink of chicory with some saline purgative, we keep open the bowels, and cause to disappear all the symptoms of an approaching paroxysm. This is so well known in hospitals, that a lunatic attacked by intestinal affections is scarcely conducted to the infirmary when he is submitted to the use of this laxative drink, and most frequently the impending attack is prevented, especially when the disease is subject to irregular periods, and correspondent to the variations of the seasons. The mutual action of the brain and the intestinal canal is acknowledged by both ancient and modern writers. Dr. Perfect, of England, combines, in general, sometimes the use of emetics, and often that of purgatives, with the other means of treatment, and says that he has often remedied an obstinate constipation, which is an effect of the disease, and which, in its turn, foments it. It is thus that he administers, alternately with the warm bath, the tartrate of soda or potash, either in a decoction of barley, or united with a sweet and saccharine substance, as manna. He uses these drinks during two or three days, and suspends them during one or two weeks, in order to recur to them again in the same manner. Sometimes he administers them in an emulsion of almonds, according to the circumstances of age, &c. He speaks otherwise in moderate terms of these subsidiary means, and makes them to be regarded as a sort of an appendage to the other general means of treatment. The habitual drinks which he prescribes in the same cases are suggested by analogous views: these are whey, simply or with wine, barley-water, gum Arabic and sugar, and a light lemonade and orangeade; sometimes other like drinks, mucilaginous, saccharine, and acidulated. Observation has, without doubt, led in France to the same results, and by Esquirol a habitual use is made of the same mild drinks, and of baths, employing from time to time some laxative, or a cathartic more or less active, according to circumstances. In his private establishment the patients are in general rich, and they can be given in profusion agreeable drinks: sugar and water, lemonade, orangeade, barley-water with different syrups, the

emulsion of almonds, whey containing nitre, or associated with some saline and purgative substance, &c., which could not be the case in a national establishment, on account of economy. Still, in both France and England, the practice often consists in a confused mixture of many medicines. Ferriar reports an instance of a patient cured chiefly by an emetised drink, which had acted during several days as a purgative. A robust female, aged 25, maniacal for a few years, had fallen into a state of fury: she took tartar emetic in small doses, and merely to keep up a state of nausea; a blister was applied to the head, and continued during seven or eight days, with a marked alleviation of the disease; but recovery seemed yet far off; then the emetic was given in whey during fifteen days, and laxity of bowels was favoured by a little magnesia; a preparation of opium was afterward added at night, and a drastic purgative was given. Recovery took place by degrees, and after a month's trial she was sent back, cured, from the hospital at Manchester, four months after admission. We must distinguish a mild diarrhoea, either provoked or natural, from one of importance of symptomatic nature, which is very painful, and attended by a burning heat, that manifests itself sometimes during the maniacal paroxysms, or towards their decline in autumn. I have often had occasion to observe this affection among the patients of the Bicêtre, and it was so violent that I have seen them roll on the earth with signs of the most extreme anguish, and die some days after, both mucilages and sedatives being ineffectual. There was, at the same time, great dryness of the skin; and as, at the time, there were no baths there, I had only the use of internal drinks, which were insufficient. From a very favourable result on the first trial, I afterward used the leaves of the common bramble (*Rubus dumetorum*), giving daily one, or even two pints of the decoction. I ought, without doubt, to attribute to the frequent use made of baths, in all periods of their malady, the rarity in our insane of these fluxes, or the facility of stopping them when existent; but in some rebellious cases, especially when patients recently arrived in the hospital are attacked by the affection in consequence of a rigorous diet, or of an obstinate refusal of nourishment, we have made the most happy use of this simple remedy. *Case.*—A lady having puerperal mania had submitted in her family to the most rigorous diet for more than a month, and she had thereby contracted a colliquative diarrhoea, which, on her arrival at the hospital, was exceedingly dangerous, and which had already reduced her to the last degree of wasting and debility. Some days after, we commenced the above decoction, of which she took nearly a pint daily, and we remarked, eight days after, so manifest a diminution, that the diarrhoea continued no longer except at night, and it was shortly terminated. Dr. Locher, physician to the hospital at Vienna, employed musk without effecting any good result. Camphor he found efficacious, combined with vinegar in the form of mixture. He then tried distilled vinegar, taken in the afternoon, in doses of ʒiiss. daily, by spoonfuls, every quarter of an hour: nine patients have been cured in one, two, or three months at the most. Kenneir reports four examples of cure from camphor. Ferriar said he had employed it in all sorts of doses without success. Locher's experiment is the same. Perfect, who, of the English, has used it most, prescribes it most frequently combined with sugar and vinegar in the following manner: $\text{℞ Camph., gr. L.; sac., ʒvi.—viij.; acet. (warm), ʒxii.}$ M. To be taken by spoon.

fuls from time to time, especially in the evening and at night. He employed the remedy in conjunction with so many others, however, that it is difficult to satisfy ourselves to what the reported results are to be properly attributed. Considering camphor as a sedative, I have employed the preceding mixture in cases of great maniacal excitement, and I have then made the patients take it by spoonfuls in the evening to calm the excitement, which has always produced favourable results; but, on account of the great repugnance of certain maniacs to this disagreeable remedy, I have substituted an emulsion of almonds, sweetened with sugar or honey, in which was dissolved half a grain or a grain of the aqueous extract of opium, proposed by Ferriar in melancholy with a sort of atony, and an extreme depression, as also in the accidental idiocy which succeeds the too active treatment of mania. He speaks of a young man of sixteen who had a sort of taciturn derangement, with altered features, yellow skin, feeble and languishing pulso; he prescribed two drachms of an electuary of bark, with two grains of opium, to be taken morning and evening: the change was very little perceptible during some days; but in the following fortnight the progress towards re-establishment was very marked, and the cure was complete. The remains of the disease, manifested by swelling of the legs, yielded to frictions with the flour of mustard.

VI. *Medical Treatment in the Second and Third Periods of the Maniacal Delirium.*

After the first stage of mania is over, the females at the Salpêtrière remain in their lodges unrestrained, or promenade under the trees in the large enclosure; and some, approaching convalescence, partake in the labours of the attendants, first in drawing water, or in other duties requiring more or less action. If there is any return of the symptoms of excitement, or appearance of impending relapse, baths and diluting drinks are employed at once, and if this state still continues, they are made to pass again through a course of treatment. In this intermediate condition of the mind, constant experience has taught that one simple act of imprudence, the premature visit of a relative or friend, or some afflicting news, may produce the most keen emotions, and reproduce the mental alienation. M. Esquirol applies with skill the moral treatment in the decline of insanity: he consoles one, encourages another, converses with the melancholy, and seeks to dissipate their chimerical illusions; he studies the succession of their ideas, &c. So soon as a relapse declares itself, the means to arrest it should be applied; the patient should be made to take warm baths or a slight douche, mucilaginous or acidulated drinks, and slight evacuations, either an emetised drink or a solution of a saline purgative, in order to remedy constipation, which is usual here. Certain circumstances may also demand leeches or an epispastic, and sometimes a mild sedative, when the nervous excitement is very marked. It is in general by mild and consoling discourse that we ought to sustain hope, raise the courage, and, finally, remove every real subject of discontent and contention. Everything is right if, after a slight effervescence, the features preserve their harmonious agreement, and a taste for occupation remains; but if the convalescent continues to be inactive and silent, or if his features are inanimate, and nothing can restrain his incessant restlessness, especially if passionate and violent on matters of trifling import, the treatment

must be recommenced with all the modifications of which it is susceptible.

Relapses are often caused by premature discharge. The department for convalescents should be an agreeable residence in all respects, free from every source of disquietude, and conducted with the utmost order and avoidance of confusion; and all excited or relapsing patients should be removed from it. One convalescent relapsing has, by her excitement, been known to cause several others to do the same. In periodical cases, a careful treatment may exercise a happy influence upon the paroxysms, and modify them in a very remarkable manner. One of the precious advantages of well-regulated hospitals is the strong impression upon the insane who are susceptible of it, that they are submitting to a superior strength; this arrests their erroneous conduct. A premature discharge takes away this impression, and snuffers them to give way to their feelings; hence the danger of relapse from this. The season of heat, and sometimes that of cold, although much more rarely, may bring on an attack of irregular insanity: it is then prudent to use, towards these periods, some preservative means for convalescents discharged from hospitals, and to resort to some relaxing means. *Case.*—A very laborious husbandman became maniacal from exposure to the sun in harvest time, and was cured after about a year's stay at the Bicêtre, and sent back to his family with the express recommendation to take each year, towards the spring, diluent drinks and laxatives, with baths. With these precautions he remained well until the third year, when he neglected them and relapsed; he was then carried to the Bicêtre, after being treated at the Hôtel Dieu. He was violent for five months, and then recovered slowly. It was scarcely necessary to recommend preventive means farther. *Case.*—A husbandman, deprived by the conscription of one of his sons, became deeply melancholy, and manifested subsequently complete derangement. Another of his sons treated him with the utmost harshness, and thus carried his fury to the last degree of violence. His attack, when placed in the hospital, continued very violent during the warm season; but tranquillity succeeded towards the decline of autumn, and continued during the winter. In the spring, laxative drinks, given at the first indication of nervous excitement, prevented the coming paroxysm: the next year, through gratitude, he presented me with some fruit. *Case.*—I quote the following case from Valeriola, on account of the happy sagacity here exhibited in rejecting mere medical formulas. A young man became insane from disappointed love: he was transferred far from the beloved object to a house in the country, of an agreeable and smiling aspect: nothing of the delightful was here wanting; elegant gardens, an immense park, beautiful meadows, lakes, running streams; the air is loaded with the perfume of roses, myrtles, the flowers of the citron, and other aromatic plants, which renders a walk here very diversified. The ordinary society of the patient is numerous, and composed of chosen friends; there is an almost continual succession of games, amusements, and concerts of music. The erotic delirium yielded a little to so many objects of diversion, but old recollections plunged the patient at intervals into his first delusions. He is therefore transferred, farther, into an agreeable town, where every exertion is made to second the efforts of the physician; but he was then wasted away by a slow fever, and a sort of hectic consumption. Recourse

was had to sedatives, and a restorative and tonic regimen; to these were often united the pediluvium, warm bathing, &c.: douches upon the head; on certain days, concerts of music whilst he was in the bath, or even agreeable conversation. The paroxysms of his disease diminished by degrees: his strength and *embonpoint* were re-established, and eventually reason regained her empire.

Note.—At the Salpêtrière only female lunatics are received, and at the Bicêtre, males only. M. Aubanel says, that in about two years, Pinel was appointed physician to the Salpêtrière, and left the Breêtre.

H A S L A M.

OBSERVATIONS ON MADNESS AND MELANCHOLY, &c. By John Haslam, Member of the Royal College of Surgeons, and Apothecary to Bethlehem Hospital. Second edition. 1809.

Management.—Thinks supposed controlling power of physiognomy, &c., in physician, merely imaginary; at least has never observed it in any of the eminent practitioners of the present day, and ridicules the idea. Great object of superintendent to gain confidence of patient, and awaken in him respect and obedience; but apparent that such is only to be procured by superiority of talents, discipline of temper, and dignity of manners. Imbecility, misconduct, and empty consequence, although enforced with most tyrannical severity, may excite fear, but it will be always mingled with contempt. Superintendent must first obtain an ascendancy over them. When this once effected, will be enabled, on future occasions, to direct and regulate their conduct, according as better judgment may suggest. Should possess firmness, and when occasion may require, should exercise his authority in a peremptory manner. Should never threaten, but execute; and when patient has misbehaved, should confine him immediately. As example operates more forcibly than precept, has found it useful, to order the delinquent to be confined in presence of other patients. If patient powerful, two or more to assist keeper. Afterwards to be secured by strait waistcoat, or by manacles. Been recommended by high medical authority to inflict corporeal punishment. If patient so far deprived of understanding, as to be insensible why he is punished, such correction, besides its cruelty, is manifestly absurd; and if conscious of impropriety of conduct, there are other methods more mild and effectual. No one in phrenitis would order scourging, and a morbid state of brain in insanity also. Should be our object to remove such disease, rather than irritate and torment the sufferer. Cocercion should only be considered as a protecting and salutary restraint. In most violent state of disease, patient to be kept alone in a dark and quiet room, so that he may not be affected by the stimuli of light or sound, such abstraction more readily predisposing to sleep. As in this violent state a strong propensity to associate ideas, particularly important to prevent the accession of such as might be transmitted through medium of senses. Hands should be properly secured, and patient be confined by one leg; this will prevent him from committing any violence. Metallic manacles best, for friction produces no excoriation, as from linen or cotton. Ligatures to be avoided. Strait waistcoat admirably calculated to prevent mischief, but in furious state, and particularly in warm weather,

it irritates, and increases that restlessness under which such patients usually labour. If sensible of restraint, a patient may be punished for improper behaviour, by confining him in his room, degrading him, and not allowing him to associate with the convalescents, and by withholding certain indulgences he had been accustomed to enjoy. Objects strenuously to practice in some private receptacles for the insane, of half-stifling a noisy patient by placing a pillow before the mouth, and forcibly pressing upon it, so as to stop respiration. At Bethlehem, view these involuntary ejaculations as a symptom, or part of disorder; and, if cause cannot be suppressed, effect should not be punished. As frequently entertain very high, and even romantic notions of honour, often rendered much more tractable by wounding their pride, than by severity of discipline. Can truly declare, that by gentleness of manner, and kindness of treatment, has seldom failed to obtain their confidence, and conciliate esteem, and has thus succeeded in procuring from them respect and obedience. Certainly some patients not to be trusted, and in whom malevolence forms prominent feature of character; such persons should always be kept under a certain restraint, but this not incompatible with kindness and humanity. Speaking of the *English secret* of managing the insane, as discussed by M. Pinel, and his description of M. Pussin, the superintendent of the Bicêtre, he observes—"Not being myself endowed with any of these rare qualities; carrying no thunder in my voice, nor lightning in my eye, it has been requisite for me to have recourse to other expedients." In the first place, been thought proper to devote some time and attention to discover character of patients, and ascertain wherein, and on what points, insanity consists: also, important to learn history of disorder from relatives and friends, and to inquire particularly respecting any violence he may have attempted towards himself or others. In holding conferences with patients, in order to discover insanity, no advantage ever derived from assuming a magisterial importance, or by endeavouring to stare them out of countenance: a mildness of manner and expression, an attention to their narrative, and seeming acquiescence in its truth, succeed much better. By such conduct, acquire confidence in practitioner: and if he will have patience, and not too frequently interrupt them, they will soon satisfy his mind as to derangement. When a patient admitted at Bethlehem, if sufficiently rational to profit by such tuition, is explained to him, by keepers and convalescents, that he is to be obedient to the officers of house, and especially to Mr. H., with whom will have daily intercourse: they point out to him, that all proper indulgences will be allowed to good behaviour, and that seclusion and coercion instantly succeed to disobedience and revolt. No one from a state of tranquillity becomes furiously mad: precursory symptoms manifold and successive, and allow of sufficient time to secure patient, before mischief ensues: principally by taking these precautions that his patients are observed to be so orderly and obedient. Examples of those under strict coercion being constantly in view, operate more forcibly on their minds than wisest precepts. In this moral management, co-operation of convalescents particularly serviceable; consider themselves in a state of probation, and, in order to be liberated, anxious, by every attention and assistance, to convince superintendents of restoration to sanity. From mildness of treatment and confidence reposed in them, become attached, and always disposed to give information concerning any projected mischief. As we are creatures of habit, experience justifies expectation,

that madmen might be benefited by bringing their actions into a system of regularity. Might be supposed, that as thought precedes action, that whenever ideas are incoherent actions will also be irregular. Uncontrolled, would probably be so, but custom prevents. Here a number of patients, whose ideas are in the most disordered state, who yet act, upon ordinary occasions, with great steadiness and propriety, and are capable of being trusted to a considerable extent: this might lead us to hope, that by superinducing different habits of thinking, irregular associations would be corrected. Impossible to effect this by reasoning, for madmen can never be wholly convinced of folly of their opinions. More frequently these opinions recurred to, under a conviction of their truth, deeper they subside in the mind, and become more obstinately entangled under a conviction of their truth: object, therefore, should be to prevent such recurrence by occupying the mind on different subjects, and thus diverting it from the favourite and accustomed train of ideas. As patient should be taught to view medical superintendent as a superior person, latter should be particularly cautious never to deceive him. Madmen generally more hurt at deception than punishment; and whenever they detect the imposition, never fail to lose that confidence and respect which they ought to entertain for the person who governs them. Late Dr. John Monroe expressly says, physician should never deceive them in *anything*, but more especially with regard to their distemper; for as generally conscious of it, acquire a kind of reverence for those who know it; and, by letting them see that he is thoroughly acquainted with complaint, may often gain such an ascendant, that they will readily follow his directions. Disagrees with Cox as to pious frauds, &c. Of great service to establish a system of regularity in actions. Rising, exercise, and food, at stated times. Independently of health, rendered more easily manageable. Diet to be light, and easy of digestion. Proper quantity to be directed by good sense of superintendent, according to age and vigour of patient, and proportioned to degree of habitual bodily exercise. As Dr. John Monroe says, should never be suffered to live low, especially while under a course of physic. Diet of Bethlem Hospital allows animal food three times a week, and on other days, bread with cheese, or occasionally butter, together with milk pottage, rice milk, &c. Those regarded as incurable ought certainly to be indulged in a greater latitude of diet, but never intemperate. Wine in moderation, if circumstances will afford, and criterion of quantity, that it does not affect temper of lunatic, does not exasperate his aversions, or render his philosophy obtrusive. Objects to the recommendation by Cox, of intoxication in certain cases. Confinement always necessary in cases of insanity, and should be enforced as early in the disease as possible—removal from home, as otherwise few have recovered, and often happens that those said to be violent and ferocious at home, become suddenly calm and tractable when placed in the hospital; so, many who have for a length of time conducted themselves, under confinement, in a very orderly manner, have a recurrence of disorder on return to families. When convalescent, visits of friends attended with manifest advantage, as imparting consolation, &c. But certain restrictions necessary; ignorant people often supposing patient well, after a few minutes' conversation, acquaint him with this opinion, induce him to think so too, and he frequently becomes impatient of confinement and restraint. From this, known many to relapse; and in two instances, has a well-founded sus-

picion that it excited attempts at suicide. Many patients have received considerable benefit by change of situation, which occupies the mind with new objects, and this sometimes takes place very shortly after the removal.

Bleeding.—Where strong and plethoric, and where disorder not of any long continuance, found of considerable advantage, and as far as yet observed, most beneficial remedy that has been employed. Melancholic cases been equally relieved with maniacal: treatment generally, which he has observed most successful in melancholia, not different from that employed in mania. Venesection by the arm inferior in its good effects to blood taken from head by cupping. Head previously shaved, and six or eight cupping glasses then applied. Any quantity of blood may be taken, and in as short a time as with lancet. When raving paroxysm has continued for a considerable time, and scalp has become unusually flaccid; or where a stupid state has succeeded to violence of considerable duration, no benefit from bleeding: indeed, too much weakness. Quantity dependant on discretion of practitioner: from 8 to 16 ounces may be drawn, and the operation occasionally repeated, as circumstances may require. Blood seldom buffy, unless in commencement of disease, when patients extremely furious and ungovernable. In more than 200 patients only six thus. Many instruments been contrived to give medicines when refused; most abominable, *spouting-boat*—constructed somewhat like a child's pap-boat; and intended to force an entrance into the mouth through the barriers of the teeth. Seen many patients who had been temporarily deranged, restored to friends without a front tooth in either jaw; this duty of forcing food should always be performed by master or mistress of madhouse instead of a servant. When thus bent on starving, or refusing all medicines, he has always succeeded by means of the *key*. Since use of this, which he constructed about twelve years ago, no patient been deprived of a tooth, and food or remedy been always conveyed into stomach. Head of patient between knees of person who is to use instrument: a second assistant secures hands (if strait waistcoat not employed), and a third keeps down legs. As soon as mouth opened, instrument may be introduced; it presses down the tongue, and keeps the jaws sufficiently asunder to admit of introduction of medicine, contained in a vial, or tin pot with a spout, to allow it to run in a small stream. Nose of patient being held by left hand of person who uses instrument, a small quantity of medicine to be poured into mouth, and when deglutition has commenced, to be repeated, so as to continue act of swallowing until whole be taken. A little address will obviate determination of patient to keep teeth closed: may be blindfolded at commencement, which never fails to alarm him, and urges him to inquire what the persons around him are about: causing him to sneeze, by a pinch of snuff, always opens the mouth previously to that convulsion, or tickling the nose with a feather commonly produces the same effect. With delicate females, where one or more of the grinder teeth wanting, finger may be introduced on the inside of the cheek, which being strongly pressed outwards, will prevent the patient from biting, and form a sufficient cavity to pour in the liquid. With a wish of speaking confidently on this subject, has usually performed the business of forcing, more especially amongst the females.

Purging.—An opinion has long prevailed, that mad people are particularly constipated, and likewise extremely difficult to be purged. On the

contrary, finds them of very irritable and delicate bowels, and well, and copiously purged, by a common cathartic draught. That commonly employed in Bethlehem—*R Infusi sennæ*, \mathfrak{z} iss.— \mathfrak{z} ij.; *tincturæ sennæ*, 3i.— \mathfrak{z} ij.; *syrupi spinæ cerrinæ*, 3i.— \mathfrak{z} ij.; but within last seven years *tinctura jalapæ* substituted for *tinctura sennæ*: operates more speedily and with less griping. This medicine seldom fails of procuring four or five stools, and frequently a greater number. Occurrence of diarrhœa and dysentery more rarely of late years in Bethlehem attributed, perhaps, to superior care; and an improved method of treatment has rendered them no longer formidable or fatal. In those very violent diarrhœas, which ordinarily terminate in dysentery, from 5 to 10 grains of the *pilula hydrargyri* have been given, according to the sex, constitution, and nature of complaint, once or twice a day, and with general success. During course of mercurial remedy, which shortly arrests disease, to keep bowels in an open state, by some of the milder purgatives employed every third or fourth day. Sometimes a state of disease in maniacs, where stomach and intestines particularly inert. Patient refuses to take food, and is obstinately constipated: tongue foul, and skin tinged with a yellowish hue: eyes assume a glossy lustre, and a peculiar wildness. In this state has given two drachms of *pulvis jalapæ*, which, on some occasions, has procured but one stool, so that it has been necessary several times to repeat same quantity. After bowels been sufficiently evacuated, appetite commonly returns, and patient takes food as usual. Much mischief may be produced from forcing food, on supposition that refusal is owing to obstinacy. To continue bowels in a relaxed state, after sufficient evacuation of contents, has employed with advantage, *R Infusi sennæ*, \mathfrak{z} vijss.; *kali tartarizati*, \mathfrak{z} ss.; *antimonii tartarizati*, gr. iss.; *tincturæ jalapæ*, 3ij. From two to three tablespoonfuls once or twice a day, as occasion may require. From very ample experience it is concluded, that cathartic medicines are of the greatest service, and ought to be considered as an indispensable remedy in cases of insanity. Frequency, dose, and occasions where prejudicial, practitioner's good sense must determine.

Vomiting.—However strongly recommended, not in his power to speak of this favourably. In many instances, and in some where bloodletting had been previously employed, paralytic affections have within a few hours supervened on exhibition of an emetic, more especially where patient of full habit, and with appearance of an increased determination to the head. Been for many years practice of Bethlehem Hospital to administer to the curable patients four or five emetics in spring of year; on consulting book of cases, has not found that such patients have been particularly benefited. From one grain and a half to two grains of tartarized antimony been the usual dose, which has hardly ever failed of procuring full vomiting. In the few instances of nauseating doses for a considerable time, expectations from very high authority not answered. Where the tartarized antimony, given with this intention, operated as a purgative, it generally produced beneficial effects. Ten years since former edition of work, but still no greater confidence in emetics. No one ever had better opportunity of observing their effects than himself, as at Bethlehem, given without intervention of other medicines, for six weeks. After administration of many thousand emetics to persons who were insane, but otherwise in good health, can assert that he never saw any benefit from them. True, that some ascendancy may be gained over a furious maniac by forcing him to take a vomit, or any other medicine,

but this widely different from any positive advantage resulting from act of vomiting. In St. Luke's Hospital, the largest public receptacle for the insane, where medical treatment is directed by a physician of character and eminence, and whose experience is, at least, equal to that of any professional man in this country, vomits by no means considered as the order of the day; may be employed to remove symptoms concomitant with madness, but not held as specifics for disease. In cases given by Dr. Cox, emetics always linked with other medicines, and therefore doubtful to which of these cure due.

Camphor been highly extolled, and doubtless with reason, by those who have recommended it: own experience merely extends to ten cases; from which no conclusion to be drawn. Dose was gradually increased, from five grains to two drachms, twice a day; and, in nine cases, remedy continued two months. Only two recovered: one had symptoms of convalescence for several months after use of remedy been abandoned: other, a melancholic, certainly mended during time of taking it; but was never able to bear more than ten grains thrice daily. Complained of its intoxicating him. From insoluble nature, &c., given in emulsion, by dissolving in hot olive oil, and afterwards adding a sufficient quantity of warm water and aqua ammonia puræ.

Cold Bathing.—Instances too few wherein employed separately to deduce any satisfactory conclusion. In many instances, however, paralytic affections have in a few hours supervened on cold bathing, especially where patient in a furious state, and of a plethoric habit. That this is not unlikely to happen, may be supposed from the difficulty of compelling the patient to go head-foremost into the bath. In some cases vertigo, and in others a considerable degree of fever ensued after immersion. Shower-bath employed some years ago in hospital, and many cases selected in order to give a fair trial to this remedy, but unable to say that any considerable advantage was derived. If permitted to give an opinion on subject, principal benefit, in latter stages of disease, and when system had been previously lowered by evacuations. To a question from House of Commons, 9th March, 1807, Dr. Willis answered—"I think warm baths may be very useful, but it can *seldom happen* that a cold bath will be required."

Blisters.—These been in several cases applied to the head, and a very copious discharge maintained for many days, but without any manifest advantage. Late Dr. John Monro, who had, perhaps, seen more cases of this disease than any other practitioner, and who, joined to his experience, possessed the talent of accurate observation, mentions, that he "never saw least good effect from them, unless at beginning, while some degree of fever, or when applied to particular symptoms accompanying complaint." Dr. Mead concurs in this opinion. Although they appear to be of little service when put on the head, yet I have, in many cases, seen much good from applying them to the legs. In patients who have continued for some time in a very furious state, and where evacuations been sufficiently employed, large blisters to inside of legs have often, and within a short time, mitigated violence of disorder. In a few cases setons have been employed, but no benefit from their use, although discharge continued above two months. Whenever opium been exhibited, during a violent paroxysm, it has hardly ever procured sleep: but, on the contrary, has rendered those who have taken it much more furious: and, where it has for a short time produced rest, the patient has,

after its operation, awaked in a state of increased violence. Many of narcotic poisons been recommended; but his experience here very limited, nor is it his intention to make further trials. Ridiculous ideas of Cox, as to swing, music, &c.

QUARTERLY REVIEW. 1809.

HASLAM. PINEL. COX. ARNOLD.

FREQUENT benefit from evacuations of all kinds, especially local bleeding, in curable cases, additional evidence of nature of disease. Mr. Haslam observes the superintendent must necessarily acquire an ascendancy over the patient by firmness and authority; and when he has misbehaved, immediate confinement. Expatriates on the absurdity and inhumanity of corporeal punishment. Esteem and awe, he says, are most effectually impressed by gentleness and kindness; avoiding all deceit, but strictly inflicting every threatened punishment. Dr. Arnold observes that those refusing to eat, are occasionally induced to follow the example of others whom they see eating, and will sometimes take their food of their own accord, when left as if by accident in their rooms. M. Pinel observes that no benefit follows medical treatment, except in cases of regular intermittent insanity, religious melancholy, and delirium with an obliteration of judgment; none of these species ever yielding to moral remedies, any more than mania without delirium. Turbulent mania, and irregular periodical insanity, he found the most curable by moral means. In plethoric habits, and in recent cases, bleeding appears to be the most beneficial of remedies, both in mania and melancholia. Cupping most efficacious generally, head being previously shaved: from 8 to 16 ounces of blood may be taken from it, as often as may be necessary. Pinel never bleeds during the fit, but sometimes to prevent its approach, when expected. To administer medicines to obstinate maniacs, as well as forcing food on those who refuse it, Mr. Haslam employs a flat oval ring, with a handle. The head being placed between the knees of the operator, patient blinded and properly secured, an opportunity is watched, when he opens his mouth to speak, and the instrument is thrust in, and allows the food or medicine to be introduced without difficulty. A sternutatory of any kind always forces the mouth open. Cathartic medicines considered indispensably necessary in almost all cases. Moderate purgatives generally found sufficient; for instance, from one to two ounces of infusion of senna, and as many drachms of tincture of jalap, and syrup of buckthorn. Sometimes, insensibility such, that two drachms of jalap may be required at a dose; in such cases, generally some febrile affection; and after operation of more active medicines, may be necessary to keep the bowels open by frequent doses of infusion of senna, with tartrate of potash, tincture of jalap, and a little tartarized antimony. Diarrhoeas generally relieved by the pilula hydrargyri, with mild purgatives. Pinel observes that a few drachms of sulphate of magnesia, in a vegetable decoction, will often prevent a paroxysm of periodical insanity. Dr. Ferriar appears to have cured insanity by tartarized antimony, in such doses as to produce a purgative effect. Mr. Haslam against emetics. Reviewer recollects having ordered an emetic where there were only slight symptoms of melancholy; emetic in middle of day, at night, patient destroyed herself. From camphor, Haslam has not derived any material

advantage, but he does not appear to have given it with vinegar, as in the nine cases cured thus by Dr. Laughter. Cold bathing seems to have produced paralytic affections in some plethoric habits; the shower-bath is, however, less liable to this objection, and it may occasionally be useful, after the employment of sufficient evacuation. Dr. R. Willis thinks warm baths often beneficial, but cold bathing less frequently. Blisters on the head have not been found advantageous, except in phrenitical cases; but they are often extremely serviceable when applied to the inside of the legs. Setons have been tried without success; although Dr. Ferriar found one useful in a case of mania, which was attributed to a repelled eruption. Opium has almost always aggravated the disease when violent; and even when it has procured an interval of sleep, the patient, after awaking, has been still more furious. Haslam ridicules Cox's swing. In the case of the King, which Dr. Willis attributed to weighty business, severe exercise, and too great abstemiousness, the bark, after a little calomel and another cathartic, appeared to be productive of very decided advantage.

REE'S ENCYCLOPEDIA.

Article—*Mental Derangement.*

ANCIENTS trusted principally in hellebore; cultivated with care, and given with particular cautions. Modern practitioners nearly agreed, that at the commencement of this disorder, *bleeding* advantageous, and by cupping-glasses been usually preferred. Little difference of opinion as to utility of cathartics. Some have preferred particular articles, as elaterium, calomel, jalap, &c., while others have succeeded with the milder purgatives; as seena, and the solutions of neutral salts, with a small quantity of ant. tart. They may be considered of signal utility. Opinions much divided as to emetics. Dr. John Monro thought it by far the best mode of evacuation. Dr. Cox equally partial. Mr. Haslam opposed to them. Perhaps in melancholia, may be more generally advantageous, and in furious mania, may be employed merely in nauseating doses. Opium has seldom procured sleep in furious insanity. Notwithstanding Bernard Heut's encomium, testimony of Dr. Ferriar and others against it. Dr. Chiaruggi testifies to sedative effect of a watery solution of opium, applied to internal membrane of nose with a camel's hair pencil. Little satisfactory record of remaining narcotics. Digitalis, though strongly recommended by some, has produced no benefit with others. Dr. Ferriar's experience against it. Camphor been much extolled with vinegar. Dr. Laughter mentions nine cures from it. Avenbrugger has spoken still more highly of it. Blisters had their advocates. Succeed better, according to experience, to lower extremities than to head. Issues and setons in many cases advantageous, but should be allowed to discharge for a considerable time. In some instances warm bath has mitigated fury, and in melancholia cold bath been thought advantageous. Radical defect in most institutions for insane, no plan for employment.

CROWTHER.

PRACTICAL REMARKS ON INSANITY, &c. By Bryan Crowther, Member of the Royal College of Surgeons, and Surgeon to Bridewell and Bethlem Hospitals. 1811.

PATIENTS being admitted into Bethlem, with issues or setons; Dr. Monro directed him to heal them; he, finding no advantage from them; afterwards changed his opinion, in a measure. Crowther thinks them useful, only where following an indication of ill health. Thinks the attempt justifiable to try the effect of inoculation. To guard against mortification of feet, the following is an order in printed rules of Bethlem: feet of patients in chains or straw, to be carefully rubbed, and covered with flannel, night and morning, during the winter months. Dr. Hallaran uses in it, warm fomentations to the feet; napkins kept wet with cold water and vinegar, constantly to head; and also clay cap. He has flannels dipped in spirits of wine, applied to the part during the day; and at night, a warm cataplasm of Farina Lini and grounds of stale beer, smearing the surface with lard. In one case, omitted poultice on account of healthy granulations: next day, parts livid. Warns against stimulants, after separation between dead and living parts. Knew tetanus, or locked-jaw, in a case, after separation of esear from P. Æ. Sp. Ætheris, Terebinthinæ, et Olei Olivæ. In mortification of the nates, objects to the practice of using hot fomentations, lint dipped in stimulating liniments, applied warm; and over all, a poultice of stale beer and oat-meal, as hot as patient could bear it: for it disposed posteriors to ill effects of pressure. He uses an embrocation of spirits of wine, lowered with water, according to sensibility of part; which is afterwards to be covered with following dressing:—R Ung. Basil. Nigri; Emplastri Lythargyri cum Resina aa ʒiv.; Bals. Terebinth. ʒij. M. To be spread thick on linen.

Case.—While intoxicated, fell from his horse, and received several severe contusions of scalp; bled pretty largely from an arm. Saw him day after; insensible and comatose. Opened a vein in arm, and took a pint and a half of blood; frequent evacuations from bowels; use of lancet occasionally; and blister kept open between shoulders; free from comatose symptoms only in several days. Two days afterwards, furiously deranged: a fortnight so, during which, bled three times; and purged when bowels required it. During his derangement, shrewd and cunning: persuaded his wife to release him from strait waistcoat, and then beat her: from state of pulse, and strength of constitution, bled him once more; at the same time, firmly impressing on him, that as often as he behaved so riotously, he would thus cool him. Next morning a laxative. Treatment and efforts, without sleep, so exhausted him, that he fell asleep; continued so, upwards of sixteen hours; and awoke perfectly calm and rational. Case.—Similar, except wound on scalp, and on ankle; profuse bleeding from latter, and general health (having been many years in West Indies), indicated more sparing use of lancet. Opium internally, to procure rest, but caused the contrary: more unmanageable; and with difficulty prevented from throwing himself from the window. At length, fatigued and exhausted, went to sleep, and awoke completely restored. Both cases not hereditary, and first attacks. Their recovery, after long sleeps, would induce him to try opiate friction, in similar cases; and on failure, Digitalis. A case communicated, in which infusion of

fox-glove, after plentiful bleeding, and the use of purgatives, conspicuously beneficial in quieting, and removing patient's furious condition. Dr. Hallaran speaks of it with decided confidence in real maniacal cases.

Chaplain should avoid every controversial religious point; and to bear in mind, that enthusiasm and madness are near relatives. Chaplain of Bridewell went to a nurse of Bethlem, very ill; surrounded by several of her patients; whilst praying, never witnessed a more feeling and attentive auditory. Chaplain to Bethlem in 1677.

Management can never be too highly estimated; but cannot agree with some, that it supersedes the necessity of medical treatment. To illustrate management by cases, only giving the history of a strait waistcoat, with the benefits of coercion. Monro says, knowledge of cause not so useful to direct medicines, as manner of conduct; some to be commanded, others soothed into compliance; endeavour to gain good opinion of every one. Crowther has no other ascendancy over unruly, except strait waistcoat, and confinement to room. If a patient offer violence, let him be confined in his room until, sensible of his bad behaviour, he makes an apology for it. If two quarrel, and cannot learn the aggressor, confine them, and recollection will soon come. If they rob each other, there is a light instrument like a pillory in the Hospital. One kicked at him: had him handcuffed; apologized, and asked forgiveness; told him he was forgiven, and that it was painful to punish him, but that there must be subordination. They are frequently capable of being reasoned with: sometimes can remove false impressions by a well-directed reply, and judicious reasoning. A man conceiving himself the Three Persons of the Godhead, asked, says he, what I thought of the Trinity: I answered, "It is a mystery, and would cease to be so, if you or I could comprehend it;" made no reply, and never mentioned the subject afterwards. Another imagined himself the Saviour: showed a scar in his side which he said was from the spear: remarked to him that it was in the other side; hid himself under the bedclothes, and never mentioned it afterwards.

If *Digitalis* is efficacious in furious mania, by reducing the pulse and exciting nausea; where arterial action is considerably diminished, must be highly injurious. Dr. Hallaran does not advise *Cox's Stim* to patients of plethoric habit, without previous evacuation; with it, has seen several cases, in which markedly advantageous.

Curable patients in Bethlem regularly bled, about commencement of June, and latter end of July. Pinel asks if a fatal termination by apoplexy might not be frequently prevented by a copious bleeding from the vessels of the feet. Dr. Davis, his translator, says his suggestion is valuable, if from temporal artery, jugular, occipital, frontal, angular, or nasal internal vein, or cupping scalp; but from foot inactive, and therefore dangerous and injudicious. Dr. Cox had unnecessary fear with regard to lunatics after bleeding; but no other precaution necessary than in the sane. Crowther has bled one hundred and fifty at one time, and found no security against hemorrhage necessary: not a single instance of contrary. Merely to open a vein horizontally, with fore-finger and thumb to guide the lancet. Most violent had to place on floor, secured by assistants, and place himself in similar situation.

Those having their management, to inquire every morning into state of bowels: not barely sufficient to be soluble, but evacuations to be completely coloured by bile. *Calomel* with *purgatives*, found very beneficial

in such cases of constipation. Occasionally retain their urine for a long time; and this must be looked to. Should like to see the peculiar effects of mercury in a case in which there were reduction of health, emaciation, tears—although eyes and palpabræ undiscased, snivelling nostrils, and saliva flowing from the mouth.

Dr. Cox and Dr. Hallaran speak highly of *Emetics*. Dr. Monro says infinitely preferable to any other evacuation: never heard or saw any bad effects; nor could suppose any, unless given injudiciously or too strong; or person prescribing too much *afraid of the lancet*: prodigious quantity of phlegm in the insane, not to be gotten rid of, except by vomits; and often find purges not to have their right effect, until this is attenuated and broken by frequent emetics. Dr. Bryan Robinson has prescribed them for a whole year; sometimes once a day, sometimes twice; and with the greatest success. Dr. Cox mentions three cases, each cured by a single emetic. Dr. Monro says hypochondriacs, in general, less weakened by vomits than purges.

Of *Opium*, Dr. Hallaran says it cannot be persisted in longer than the first effort; nor where the cause induced over-distension of vessels of the head, and its certain attendant, acute febrile diathesis. Notwithstanding, are certain cases, in which it has been found to subdue first approaches in its most violent form; and even cut it short where it had assumed a positive character. A question whether, in generality of instances, a full and timely dose, by interruption of quick succession of morbid ideas, where a long absence from sleep has been its aggravation; will not so fully sever their catenation, as to make way for return of right perceptions. Seen this in a decided manner, where sleep lost for 48 hours; to extent of 240 drops of the tincture of opium, at three short intervals: sleep, approaching to apoplexy, procured in consequence, for nearly twenty-four hours; which was evidently the means of effecting an entire and lasting return of the mental faculty. Dr. Mead remarks, that maniacal people require quadruple the dose, which will scarcely produce any effect. Dr. Cox, without mentioning the attendant circumstances, merely remarks, that he had employed it to an incredible extent, without perceiving any, even temporary, much less permanent advantage. Dr. Ward says, in no disease more decided, favourable, and speedy effects from *opiate friction*, than in cases of mental derangement, accompanied with febrile delirium: in many such, acted almost as a charm, in relieving both mental and corporeal affections. Following, the formulæ:—
 1. R Tinet. Opii. ℥ss.; Olei. amygd. ʒij.; Vitelli ovi, q. s. Ut fiat linimentum. 2. R Tinet. Opii. ℥ss.; Lin. Sapon. comp. (vel æther sulph.) ʒij. M. Ft. linimentum. Singulis drachmis tincturæ opii interdum addantur camphoræ grana quinque. 3. R Opii subtilissimæ triti, ʒss.; Adipis, ʒij.; Ol. amygd. ʒi. M. Optime ut fiat ung. Huic unguento camphoræ, spiritus rectificati min. xx. solutæ, granaa x. ad xx. interdum addantur. Lini-
 mentorum et unguenti quantitas supra præscriptæ una frictione est consumenda, et ter, quater, vel sepius, in die repetenda. In mania, double, or perhaps treble the quantity of opium, to that used in other cases. The applied hand to be covered by a soft, oiled bladder. Care not to add more of the yolk of egg, than sufficient to incorporate the oil with the tincture; only two portions to be made at once; and not to be too warm. Crowther thinks that this treatment, by removing mental irritability, and inducing sleep, may hereafter be found serviceable in insanity. Dr. Mead says *Cicuta* is a more powerful soporific than opium. There are

habits, in which a sufficient quantity of opium, to give rest, cannot be borne. In other cases, by itself, has failed; but with a grain of opium, will effectually procure repose. In some, known to purge; in others, to constipate; first, removed by a grain of opium; second, by a saline purgative. Othersedatives may be used, as *Digitalis*. Extractum papaveris albi, in cases where opium proves deleterious. Other substances which might be employed: Hyoscyamus, Camphor, Sp. Ætheris vitriolici compositus. The Drs. Mouru always premised repeated venesection, before use of *cold bathing*.

Dr. Ferriar recommends the warm bath in mania, and the cold in melancholia: Dr. Willis esteems the former very beneficial. Knows of no physician who would venture to prescribe the cold bath in a case of furious insanity, connected with plethora.

R U S H.

MEDICAL INQUIRIES AND OBSERVATIONS UPON THE DISEASES OF THE MIND. By Benjamin Rush, M.D., Professor of the Institutes and Practice of Medicine, and of Clinical Practice in the University of Pennsylvania. Fourth Edition 1830. Date of Preface 1812.

MANIA in the first stage, if caused by study, requires separation from books. Low diet, and a few gentle doses of purging physic: if pulse tense, ten or twelve ounces of blood. In the high grade, catch the patient's eye and look him out of countenance. Be always dignified. Never laugh at or with them. Be truthful. Meet them with respect. Act kindly towards them in their presence. If these measures fail, coercion is necessary. Tranquillizing chair. Strait waistcoat. Pour cold water down their sleeves. The shower-bath for fifteen or twenty minutes. Threaten them with death. Chains seldom, and the whip never required. Twenty to forty ounces of blood, unless fainting occur previously; even in absence of morbid pulse, if other symptoms be present, as wakefulness, &c.: to be more copious in phrenomania, less in the insanity from drunkenness. Cupping after the symptoms calling for bloodletting have disappeared; hurtful before the action of the pulse has been reduced. Solitude. Darkness. The erect position. Low diet. Purging: cremor tartar, salts, senna, calomel and jalap been employed: two last especially where mingled with bilious fever; sometimes an artificial diarrhoea. Nitre same service as in other diseases of bloodvessels. Blisters to extremities after depletion. Cold externally, and head to be shaved. Opium in small doses: when from drunkenness, then combined with volatile salts, bitters, and small quantities of ardent spirits. Shower-bath two or three times a day. *Digitalis* failed with him: so also camphor. Hellebore only useful by acting as a purge. Exercise so soon as excitement has abated: wakefulness at this stage must be combated by opium. If hysterical or convulsive symptoms present, castor and the oil of amber. Direct his mind from the ruling delusive subject: Dr. Ash was cured by studying mathematics. Combat one passion by another. Whilst in a furious state do not contradict. Never confine, after ceasing to injure themselves or others. Let them read; copy manuscripts. Plaintive music. Grief, by mentioning the name of a person, to whom they are under some obligation. Convalescents to be kept from the

noise of the more insane. Too much cannot be said in favour of salivation.

In manieula: in which the pulse is typhoid, and there is peculiar sensibility to cold—Garlie and the different preparations of iron.

In manalgia; in which there are apathy and inattention to everything—cordial food and drinks, as savoury as possible. Warm bath above natural temperature of body. Shower-bath. The two just mentioned, one directly after the other. An artificial diarrhœa. Caustic issue to back of neck. Mercury. Exercise. Cox's swing best. Labour. Invigorating music. Great pain. An errhine of sulphate of mercury or muriate of ammonia, mixed with flour. Pleasant odours. Loud sounds. Exciting stimulating emotions, as anger.

In dementia, when attended, as generally with great excitement: bleeding, low diet, purges, and all other such sedative remedies. When periodical, bark and other tonics during the intervals.

In hypochondriasis—blood-letting, if pulse full and tense or depressed. Purges: calomel, aloes, jalap. Emetics. Reduced diet. After the above, depletory measures: remedies should consist in stimulating aliment, drinks, and medicines. Madeira wine, sherry, or porter: knew a case cured by Madeira. Iron with ginger or black pepper and common bitters. Tar in pills. Garlie in substance or peppermint tea. Alkalies for sour stomach. Assafoetida and opium for exhilaration. Aromatic warm bath, succeeded by cold. Frictions. Exercise, especially on horseback. Pain. Salivation. Blisters and issues. Must not treat the disease lightly but seriously. If he thinks a living animal in him, one to be placed in his close-stool. An unwillingness to discharge the urine was cured, by Dr. Ferriar, by means of an emetic. Exciting powerful emotions. Employment. Amusement. Travelling. If they refuse food, it should be left in their room: Pinel mentions that withholding drink from a patient refusing to eat, induced him to do so, on its being given to him. Similar remedies avail in melancholia. Errors to be soothed, diverted or ridiculed according to their force. Reasoning has most effect, in cases in which the patient imagines something supernatural respecting himself.

In fatuity from fevers, stimulants as in manalgia, though milder. For derangement of memory, abstraction of exciting causes: Sir John Pringle's memory was restored by leaving off the use of snuff. Depletion if plethora, and pulse tense and oppressed: then blisters; issues in arms; errhines; aromatics—cubebs, cloves, lavender, &c.; cold bath; exercise: also, mental remedies.

DUBUISSON.

DISSERTATION SUR LA MAINE. By J. R. Jacquelin Dubuisson, Doctor of Medicine, &c. 1812.

THE means of treatment are of two sorts: 1st, physical; 2d, moral. 1. These consists of baths, douches, applications to the head, pediluvia, elysters, bleedings, medicines and hygienic means.

I. Baths.—Their utility has been recognized by the ancient physicians: thus, Galen says, he has cured many maniacs by this method.

Those most frequently used are of the temperature of 21—25 degrees, and half cold at that of 12—20 degrees. They are taken usually every two days. Warm baths are more generally employed when there is spasm and erethism, because they are more mild and sedative than the half-cold, which suit more particularly when the maniac are vigorous, ardent, plethoric, or of a bilious temperament and strong constitution, when they are in great agitation, and when they complain of feeling internally a smart heat. Baths of surprise are oftener hurtful than useful. Although recommended by great physicians, they have occasioned frequent accidents, which has caused them to be abandoned.

II. Douches, which often occasion happy effects when administered with prudence and discernment, appear to have been known to the ancients. Celsus directs cold water to be turned on the head of the maniac before plunging him in water or oil. Areturus says, that when a patient is maniacal, it is necessary to sprinkle the head with cold water. The douche consists of a thread of water, made to fall from a height of three or four feet upon different parts of the head, so as to produce a sudden and strong impression. It is prescribed ordinarily in the first period of acute mania, and at the return of a paroxysm of periodical mania. It ought not to last but a few minutes, and it is administered usually towards the end of the bath. They serve also advantageously to repress the excessive violence, indolence, and fury of certain indomitable maniacs, and to conquer those refusing obstinately to take nourishment. In these instances, we let fall on a sudden and largely, a column of cold water upon the head.

III. To diminish the heat—producing circulation towards the head, it is advised to apply upon the part pounded ice or snow, enclosed in a bag. Pommie has used here a bladder filled with cold water. These applications are not without danger; it is better to make lotions on the head with a sponge soaked in cold water or in oxyerate.

IV. Pediluvia.—These are prescribed with a view of diverting the raptus of blood from the head to the extremities. The feet are plunged in a bath of simple water, at first at the temperature of 24—26 degrees, adding successively cold water to produce a slight rubefaction. Or better to obtain an analogous revulsive effect, the water of the bath is rendered more active, and even irritating, by a solution of soap or salt, or adding muriatic acid.

V. Clysters.—These are given in the acute period of mania, or in a paroxysm of chronic mania, to remedy the constipation which often exists, or to diminish the spasm and irritation of the intestinal canal; or to solicit an evacuation of the mucous, bilious or bloody matters, and favour critical efforts. They are also employed as a vehicle for soothing liquids, sedative or laxative, as the case may be.

VI. The idea formerly, and even yet, amongst many of our practitioners, that insanity is due to too violent an impulsion of blood to the head, has led to bleeding as a universal remedy, in its various forms, and in all cases together with low diet, without any attention to the circumstances of the case: they take symptomatic effects for the cause. But when we consider that insanity depends most generally upon the most intense nervous excitement, which it becomes us to direct and moderate, in order to remedy the state of feebleness and atony which most often results from it, we see how absurd and fatal it is to provoke this condition by debilitating means. And the greater number of cases from

repeated bleedings and a rigid diet, fall into a state of torpor, and the disease, which would have terminated happily, running regularly through its periods, takes up a chronic or periodical character, which often renders it incurable, or it degenerates into dementia or idiocy. It is particularly to the nervous system that we should direct therapeutic measures. We ought not to conclude, however, that bleedings should be absolutely excluded in the treatment; but they should be used with discretion. They are principally necessary where the subject is young, vigorous and plethoric, and especially when the disease proceeds from the suppression of an habitual hemorrhage, as the menses or hemorrhoids: in these last cases, local bleedings are preferable.

VII. The medicines which we employ in the treatment of insanity should have the following intentions: 1. To depress the nervous excitement by diluent drinks, acidulated, impregnated with nitre or camphor, or antispasmodics. 2. To prevent constipation by laxatives, as neutral salts; and to relieve the small intestines, if saturnia is indicated, by emetics and purgatives. Throughout all time, purgatives have formed the basis of the treatment, because insanity has been recognized as often complicated with gastric or intestinal derangement; it is this which the ancients called atribilarious madness, and which they treated by energetic evacuants, particularly hellebore, which is a violent drastic. Professor Hallé (1786) has proved the advantages of the evacuant method in atribilarious insanity; he has reported a complete cure of this malady by boluses composed of extract of black hellebore, extract of aloes, scammony and calomel. He remarks the great necessity of giving hero purgatives in very large dose, on account of the unimpressibility of the intestines. It is according to a like indication that Sydenham makes frequent use of bryony root. M. Salmade mentions the use of frictions of colocynth on the abdomen; this is very active and easy of employ, is worthy of trial, and is recognized as curative by Dr. Chrétien of Montpellier. 3. To subdue sleeplessness by sedative juleps, and opiated emulsions. 4. To remedy debility which may occur, by light tonics, bitters, cold baths, and dry frictions, when the state of agitation has been calmed, and when the disease is on the decline. These different medicines ought to be considered as general means applicable to different cases of insanity, with distinction as to their causes and their complications. But there are other means whose employment is useful in particular cases. Thus, when insanity is due to the repercussion of an eruption, we make use of evacuants and exutories. When from retrocession of gout, we recall this to the lower extremities by the most energetic revulsives, vesicatories, sinapisms, and irritating pediluvia. When puerperal, experience has confirmed the efficacy of a vesicatory to the nucha. When it manifests itself after the suppression of a hemorrhage, of the menstrual or hemorrhoidal flow, general or local bleedings. When the disease depends on irritation of the genitalia, we moderate the orgasm by lotions rendered sedative by the acetate of lead, by mild drinks, and by baths. When from insolation, we remedy it by bleedings from the foot, cold lotions to the head, and refreshing drinks. When from the abuse of mercurial preparations in the treatment of syphilitic maladies, we employ baths, antiscorbutics combined with opium, and milk diet. When it is complicated by worms, convulsions, adynamic or ataxic fevers, etc., we administer different medicines according to the case. Finally, in certain periodical cases of recent insanity, successful use is made of bark com-

bined either with camphor, musk, opium, or valerian. We see, after these rapid indications, how important it is to ascend to causes, and to the complications of insanity, in order that the treatment may be rationally directed. Cullen has remarked that it is sometimes advantageous, in mania to frequently shave the head; this means probably extinguishes the internal excitement, by favouring perspiration. In the periodical collection of the Society of Medicine of Paris, there is fact supporting this assertion—a case of mania cured by cutting the hair.

VIII. Hygienic Aids.—Insanity is not always an intense affection of the nervous system, characterized by excitement, &c.; it is sometimes, when due to moral causes, but a mild delirium, which it is necessary to direct without contradicting, opposing simple means drawn from hygiene. It is often sufficient, to cure such patients, to make them change their situations, to transplant them in a pleasant country place, to make them engage in exercise, and to occupy their minds by pleasant employments and various amusements. These are the cases which have been cured in all past times, by travels, pilgrimages to temples, different religious ceremonies, and by the pure and peaceful delights of a rural life. Most maniacs are characterized by an extreme restlessness, gesticulation, &c. They should be made to wander in a spacious garden, apart from the tumultuous heart of cities, where the air is pure, to prevent their gesticulations and actions from being injurious to them. We often see maniacs have a voracious hunger. It is necessary to moderate this by diluent and mild drinks, and by an abundant but light nourishment. When they have an obstinate repugnance to take food, they should be constrained, when necessary, by fear and terror, through the douche of repression, or they should be made to swallow by the spout; or restorative soups and strengthening pottages should be injected through a gum-elastic, oesophagic sound; or lastly, they may be nourished with clysters of milk or soup. It is very useful to encourage and even provoke the excretions in maniacs, especially the faeces. Exercise is very necessary to maniacs, but it should be so directed as to moderate their too great muscular activity by a regular continuance, and to break the chain of vicious ideas; such employment are mechanical labours, gardening, and agriculture. The muscular and nervous systems are generally developed in inverse proportion; we therefore seek here to lessen the force of the latter by increasing that of the former.

2. Moral Treatment.—All the preceding means of treatment are useless, if the physician be ignorant of the happy and difficult art of understanding and directing men according to their character, their ideas, and their passions. This great art should be profoundly studied and suitably placed into practice, by those having charge of the insane. *This is moral treatment.* The two indispensable means of cure are *isolation* and *repression*. In transporting a patient into a strange house, the change of place, persons, manner of living, habits, &c., make upon him the strongest impression, and gives to his extravagant ideas a new direction, capable very often of interrupting their disordered course, and of sometimes even leading him to reason by this means alone, as many examples daily prove, &c., &c. When Dr. Willis undertook the treatment of the Queen of Portugal, not being able to transport her from her palace, he had all the movables changed, all the domestics, and substituted new objects. Not less useful than isolating an individual, is the isolation, in establishments for the insane, of the furious maniacs from the calm and con-

valetudinarian, in order not to expose the latter to relapses. This is an essential precaution, which has been long foreseen and recommended. When maniacs have but a mild delirium, which does not urge them to extravagant actions, they may be suffered freely to abandon themselves to their petulance and their extreme mobility. But when by the intensity and violence of their delirium they are led on to acts of violence, and when they show themselves indifferent to mildness and benevolence, it is necessary to employ means of repression to prevent sad accidents, and to restrain an impetuous fury, whose too prolonged action can but irritate the patient, and aggravate his sad condition. But these means of repression ought not to be the offspring of animosity or an arbitrary rigour; they should be demanded by necessity, and be proportioned to the degree of agitation, and the violence of the patient; thus we should be content, at first, to show them an imposing firmness, and to place them in a dark and silent place, in order to calm the extreme susceptibility of their sensations; afterwards we act on their imagination by a large force. If these manoeuvres are unsuccessful, we resort to means of restraint, by applying the strait waistcoat: it is thus that chains have been replaced by milder means. The strait waistcoat is a very useful means of restraint; the patient may be fixed to a seat, or on his bed; in the latter case, the head must be lifted to prevent congestion of blood in that direction. M. Pinel describes a still more energetic repression, by drawing back the shoulders, by means of girths fixed to the waistcoat; but this should be employed with much discretion, and suits only the most indomitable. M. Girandy has given the description of a means of repression employed at Charenton: it consists of an osier cylinder cushioned within, which is applied by the aid of straps in the form of suspenders; this keeps the maniacs in a natural position, prevents contusions and wounds, and leaves them freedom of motion in walking. The other means of moral treatment consists in determining, with each patient, the means necessary to repress the sallies of their delirious excitement, to moderate the violence of their rage, to break through the train of their fastidious and extravagant ideas. This we propose to do in striking their imagination by surprise, fear, terror; in influencing their sensibility by privations or acts of kindness, by punishments or recompenses; in awakening their attention, and in directing it to objects capable of occupying and acting revulsively; and in exciting in them pleasant and agreeable emotions. It is necessary to understand how to employ *à propos*, an affectionate kindness or an inflexible firmness, and to shun, as equally hurtful, a feeble mildness or an inexorable severity. It is very essential in insane establishments to prevent roughness on the part of the attendants, as this irritates, and tends greatly to hinder the cure. I have recommended incessantly to my domestics to be mild, humane, and compassionate and have considered the contrary as exceedingly culpable. To make an application of general precepts:—When a maniac is governed by violent paroxysms of anger or fury, we seek to appease this impetuous rage either by kind manners, or by means of fear and terror, or lastly by a severe repression. When he assumes airs of grandeur and superiority, when he commands imperiously, and when he wishes to be obeyed, instead of condescending complaisantly, which would but exasperate the more his fantastic ideas, we oppose to this excitement of pride a stoical firmness and cold reserve, suitable to make him feel his dependance and inferiority. It is, on the contrary, by attentive eares, by

affectionate attentions that we relieve a patient in a state of depression, and that we inspire self-confidence in a case caused by deep grief. It is by the edifying consolations of an enlightened piety, and the mild consolations of a compassionate morality, that we repress the violent exaggerations and dangerous sallies which may arise in insanity from religious fanaticism. The passions, though the most frequent causes of insanity, when directed with address and discernment, may be made to serve a useful purpose in the cure of the malady. Before terminating this article, I ought to speak of music, whose great influence may be employed with advantage towards the cure? &c. Amongst the diseases cured by music, authors mention melancholia and mania. It has been often remarked that music calmed the agitation of maniacs, and suspended their delirious ideas by fixing their attention, and that sometimes it has even cured them. Bourdelot reports an example in his treatise on music. When the dawn of convalescence begins to appear, we should then endeavour to use profitably the lucid intervals presenting themselves, to confirm the cure in seeking to gain the confidence of the patient by affectionate cares, in engaging him in manual labours, which diminish the muscular action, induce calmness and sleep, and diminish also the nervous excitement; in recreating him by games requiring exercise, by agreeable occupations, by light reading, and by interesting conversation having reference to his occupation or inclinations. Although reason may have returned, yet precautions are necessary to insure the complete re-establishment of the intellectual faculties. The peculiar sensibility of the convalescent insane renders them very liable to relapse on any excess or sudden change: nothing has this tendency more than a premature return to their families. Before an insane convalescent goes from a hospital, it is necessary that he should submit to different tests to completely certify his cure; that the hot season should have passed, which often occasions relapses; that he should receive frequent visits from his family; that he should occupy himself with his own affairs; and that he should be familiarized in advance with all the impressions which he may experience after he has re-entered into society.

ARMSTRONG.

PRACTICAL ILLUSTRATIONS OF TYPHUS FEVER, &c. By John Armstrong, M. D., Physician to the Fever Institution of London. Dr. Potter's American Edition. 1821.

Article—*Insanity.*

WHERE the attack is sudden, with great fulness in the vessels of the head, freely bleed and purge at the onset. Generally necessary to persevere, for some time, in local bloodletting, purging and blistering, with a regular course of mercurials. After congestion or excitement is considerably mitigated, cautiously deplete by lancet, lest exhaustion and nervous irritation follow. In the first two weeks, bleed from the arm and temporal artery, until fulness of the vessels of the brain is relieved: at the same time purging with calomel, in full doses, to procure its alterative effect also; jalap and sulphate of magnesia. After this, draw blood

by leeches or cupping, twice weekly; a saline purgative every second morning; and calomel daily, so as to insure a moderate, but constant ptyalism for some time. When this is produced, apply blisters occasionally to shaved scalp. Blisters very beneficial, where not acting as irritants to the heart. Few patients recovered, unless the mouth was affected three or four weeks by the mercury, and emaciation had occurred. If ptyalism difficult, shows evacuations to be necessary. If once induced, may be easily kept up by moderate doses of calomel, or blue pill, or mild mercurial frictions: this, with good effect, if the two former disagree with the stomach and bowels. After sufficient evacuations, has used small doses of opium with the alteratives. On first occurrence of mania, where constitutional excitement clearly present, has seen shower-bath sometimes useful: much harm in persevering where the tone of the heart and arteries was subdued, increasing fulness in the vessels of the brain, &c. When excessive determination of blood to the brain, or the paroxysm is severe, cold cloths over the whole head, secured in the form of a night-cap, and the head raised high. Where strictly congestive, reprobrates cold affusion; but warm, or slipperbath beneficial, with depletion; contributing to allay irritation, and equalizing circulation. Where mercurial course, and other above-mentioned means failed, persevered in the use of the warm or cold showerbath, with tolerably active purgatives. Experienced practitioners of his acquaintance had found benefit from occasional emetics of antimony. Even where the precursory symptoms had been stealing on for some years before the decided attack, still some benefit resulted from the same above-mentioned course. His practice, then, is the conjoint use of *Bleeding, Purging, and Mercurials*; and where these fail, subsequently, *shower bath* and purgatives. His cases were mostly *robust* patients, who had lived irregularly, and were well fitted for free depletion at first, and purgatives and mercurials afterwards.

In *Melancholia*: in his cases which were connected with congestion of the brain and liver he used tepid bath and purgatives, with calomel and opium. Whenever there was accumulation of blood in either form, he promptly used the lancet. After convalescence, diet to be extremely abstemious, even during whole life. Though *antiphlogistic* system indispensable in the beginning, yet patient should have regular supplies of light, nourishing food, during the whole course of the disease. To quiet irritation, as little restraint as possible. In many cases, madness most distinctly foretold by great mental irregularities in circulation; and disease may be then warded off by bleeding and purging. The urgent desire which some of them have to be bled, not to be disregarded; as it often leads, by the disagreeable feelings, to suicide.

QUARTERLY REVIEW.

PARLIAMENTARY DOCUMENTS, HILL, TUKE, &c. 1816.

Case.—Professor Hufeland relates the case of a student at Jena, æt. 16, weak and irritable, nervous frame, but in other respects healthy; left his apartments during twilight, and suddenly returned with a pale, dismal countenance, saying that he was doomed to die in 36 hours, or at 9 o'clock in the morning of the second day. Afterwards found that he

had met a (fancied) white figure in the passage, which nodded to him, and had heard at the same moment a voice exclaiming to him that he was to die at the hour mentioned above : made arrangements for his funeral, &c., and no reasonings could convince him of the contrary. Hufeland found no deviation from health except a small contracted pulse, pale countenance, dull eyes, and cold extremities ; politeness only induced him to take remedies ordered ; these, a strong emetic and purgative, blisters to both calves of legs, and at the same time, stimulating clysters. Said his body was now half a corpse, and remedies vain. In the evening, emetic had but little operated, and blisters had not even reddened the skin : then gave twenty drops of landanum and two grains of extract of henbane, which put him into a profound sleep, and he did not wake till after the time prophesied. He recovered, saying it appeared like a dream. In madness a great deal may be done by management and moral culture, but the power of medicine on mental hallucination exceedingly circumscribed and feeble.

Practice doubtful for want of principles upon which to form any satisfactory indications of treatment. Almost the whole, then, of the strict medical treatment must be regarded at present, at least, as empirical, and the most extensive experience proves that little can be done. Warm bathing and the judicious administration of cathartics have hitherto proved the most powerful agents : ancients, as well as the moderns, used these. Aretaeus and Celsus speak particularly of the most approved remedies of the present day. An assiduous, a continued, an alternating, and alternative use of cathartics and eccoprotics, promises, and has proved to be beneficial in cases of madness and melancholy. To the stomach and bowels the attention must be directed with more accuracy and minuteness, than the common and regular administration of purgatives supposes. Mr. Hill talks in lofty terms of vomits ; we nevertheless repeat our conviction that the alternative and repeated use of cathartic medicines will, in general, prove the most efficacious, and the least objectionable mode of producing a beneficial effect : does not, however, say these to be universal, or the whole treatment. In several other institutions besides the Retreat, exercise spoken of in the highest terms, and practised with the best effect. Mr. Finch, of the Asylum near Salisbury, said his pauper patients recovered in larger numbers than others, from employment in the garden : he has substituted amusements, as billiards, cricket, &c., where he could not enforce work, and with corresponding benefit. Reviewer agrees with a writer who says, "no person should in future begin to superintend a lunatic asylum unless he has previously taken a degree in medicine at some university, or was a member of the College of Physicians and Surgeons, or had undergone an examination of his qualifications by some competent judge."

M A Y O.

REMARKS ON INSANITY, &c. By Thomas Mayo, B.M., Fellow of Oriel College, Oxford. 1817.

' WHEN attended by increased activity in the circulation of the brain, mania appears to require depletory treatment ; and this discipline must be in proportion to the vascular activity. Even when the paroxysm is

subdued, a state of mitigated excitement is left behind, which must be followed to its close by depletion, to prevent revival of the disease. His means of cure consist of occasional *cupping* or *bleeding*; *issues* or *setons*; *continued purgation*; *nauseating medicines*; *sudorifics* and *refrigerants*: these last he thinks of secondary importance. When flatulence from purgatives, instead of purgation, *cupping-glasses* or lancet. Though, in a paroxysm, the point to which depletion may be carried is questionable; yet, to wash the head with *cold lotions*, and apply *leeches to the temples*, is certainly safe, and often of the greatest advantage. Under the continuance of the depletory treatment, the patient often gains flesh and strength, particularly where the insanity is connected with disease of digestive organs: he presumes the same effect would occur in the periodical disease. His father has used *Stramonium* and *Belladonna* till the fauces dry, and pupils dilated by the latter: from *Stramonium*, decided good only once, in a case of puerperal mania. *Opium* only once *beneficial*, in a case from long intoxication: here quieted patient's extreme irritability.

Although he has urged daily *depletion* throughout the continuous stage; yet, it must not be pushed so far as formerly. Strong purgatives, even when the operation has not been violent, will often, in this stage, produce fainting. *Caustic issues* to the neck have apparently done good at this period. Often here, apparent or real weakness seems to demand tonics; but these do harm, and not good, to the disease; at least, *tonic regimen* is more safe than tonic medicines. His father has often employed the practice which he recommends, in cases which have previously used strengthening medicines (with advantage, at first, but always with a return of symptoms), and successfully, that is, by a course of uninterrupted, though gentle depletion. *Case*.—Æt. 40: previously in a fine flow of spirits: without apparent cause, became miserable, and entertained thoughts of suicide. Lasted five months. Pulse at wrist, frequent and oppressed; carotids strong and vibrating; tongue rather foul; skin above wrist hot, almost at all times; hands frequently so; ate without appetite; drank ineffectually a moderate quantity of wine to keep up his spirits. On being cupped on back of neck, found himself relieved and lighter, but alleviation temporary. Forbidden company: a strong purgative every night. Evacuations dark, slimy, and very offensive. When remittent (acute), suffered exacerbations of deepest gloom. Instruments varied: on purging appearing insufficient, *cupping* resorted to from time to time.—Cured in four months. He does not believe that dementia is ever the effect of *bleeding*. Dr. Ferriar thinks bleeding in its repetition a very nice remedy, and seldom capable by itself of removing the disease: a sudden loss of blood may precipitate the patient into an incurable state. When Mayo bleeds there is increased quickness of the pulse in the neck and at the wrist, flushing of the face, approach of catamenia, unusual resistance to purgatives, high mental excitement: though often copious, never indefinite or vague. *Case*.—A physician at Paris; disease paroxysmal; in the paroxysms, placed in different asylums; made better, but relapsed. Torpid, and after five years' duration, became a patient of M. Dubuisson. Extract of black heliobore given him: took ample effect, and he died. Mr. Hill divides cases into two kinds, sthenic and asthenic: says in the latter tonic and stomachic regimen required. Most patients under his care had previously submitted to the antiphlogistic plan: opposite measures always

proved serviceable in nearly exact proportion to their timely or late application, and to the regular steadiness and patient perseverance with which they were carried into effect. Some cases in which, in the decline of life, uterine affections are connected with the disease, with symptoms such as fulness in the head, leading to repeated bleedings, with, at the same time, every symptom of debility and approaching melancholy : such patients have commonly vertigo, pain in the head, a corded feel around the whole scull like that after local injury of the brain, and great mental disturbance. Here Mr. H. found hyoseyamus, with aloes and antimonials, singularly serviceable ; particularly with a small caustic issue near the base of the occiput : Mayo approves of this treatment. Thinks stratagems, "pious frauds," merely advantageous in quieting the patient and gaining important points with him, and not as effecting a cure. The performance of orders relative to medical treatment will often depend on adroitness and attention to the patient's feelings ; he thinks that comparatively, however, medical means are of more value than moral. No form of the disease in which depletory treatment is so important, as in puerperal mania : here seems to act as a preventive as well as a cure. An eminent accoucheur says, particularly where maternal feelings very strong.

Madness is sometimes disguised, and thus deceiving the physician, acts injuriously by preventing sufficient depletion, before it bursts forth. Has seen it counterfeit inflammation of the liver, commencing with rigors, and with a secretion of bile as profuse as in cholera morbus. In this form, marked by a very desponding state of the patient, which might have detected it ; continuing six days, bile ceased and mania appeared : not preceded by sufficiently active depletion ; and the paroxysm soon killed the patient from exhaustion. *Case*—Æt 40 : for some time indisposed in stomach ; previously to this, biliary secretion had been extremely disordered ; of late, two or three times in twenty-four hours, violent spasmodic pains in epigastrium : first relieved these by brandy, afterwards by warm fomentations and doses of calomel. One morning, without feeling increased indisposition, whilst dressing, fainting and sickness suddenly came on ; power of moving extremities, particularly the right ones, suddenly suspended : succeeded by a shivering-fit lasting two or three hours, ending in drowsiness and partial derangement. In the afternoon a strong purge ; early in the evening put in bed totally helpless. During the night, slept much and heavily : bowels moved twice. Next morning my father saw him : excessive febrile excitement had ensued, and a complete maniacal paroxysm. Was blooded : blood buffy and cupped. Most distressing hiccough came on, incessant as violent. Bled again two hours after the first : a dose of calomel and salines. Bowels inactive throughout the day ; perfectly unconscious ; muttering incoherently with an altered voice ; countenance almost idiotic ; great difficulty in swallowing, and constant hiccough. No complaint. Next morning, as there was no urine, and formerly nephritic complaints, was cupped on the loins ; in the evening blooded ; blood as inflammatory as before. No evacuation having yet been procured, an injection of oil and assafœtida was prescribed ; appeared to produce a strong sensation, from the signs of general restlessness which ensued ; followed by a motion. Next day an excessive discharge of urine, succeeded by diarrhœa, lasting throughout the day, night, and next day : pulse every hour appeared sinking ; hiccough had ceased ; incapable of moving ; skin clammy, and

every appearance of approaching death. Next morning little outward alteration. Allowed small quantities of rum and milk; pulse rose a little; slept much during the day; diarrhœa gradually abated, having been enormous hitherto. Next morning partial return of intellect; bowels quiet through the day and night; visibly improving; rapidly proceeded to a complete recovery.

THOMAS.

THE MODERN PRACTICE OF PHYSIC, &c. By Robert Thomas, M.D., of Salisbury, England. Dr. Hosack's New York Edition. 1817.

Article—*Madness.*

GAIN the confidence of the patient. Discipline of temper, and dignity of manners requisite. Tyranny excites contempt. Confine immediately, if misbehaved, in the presence of others. When coercion is necessary, an overwhelming force. Must first convince him that impropriety will be restrained by force, and then treat him with lenity and kindness. Intimidation without cruelty, restraint without indignity; rigid order and discipline, combined with lenity and conciliation. Diet should be easy of digestion: paralytics require better diet than others. It is ascertained from the treatment pursued at the York Retreat, that better effects follow from kindness, than from taking fear as the ruling principle: convalescents associate with the rest of the family circle, as a portion of it. At Mr. Finch's Asylum, near Salisbury, besides strict attention to cleanliness, &c., indoor and outdoor amusements are provided. In melancholia and slight attacks of mania, mind and body should be occupied in amusements or some employment. In violent mania, chains never to be used; wristbands preferable to the strait waistcoat.

Jugular vein better than arm for drawing blood; or eight cups to shorn scalp. Supertartrate of potassa and cooling purgatives better than drastics. R Infus. Sennæ, ʒiiss.—ʒii.; Potassæ Bitartras, ʒii.; Tinct. Jalapæ, ʒiss.; Syrup. Rhamni, ʒi. M. Ft. Haustus Catharticus: removes constipation; or in obstinate cases, calomel, with a few grains of extract of colocynth. In periodical mania, which is usually preceded by obstinate costiveness, a dose or two of some purgative medicine, at an early period of the disease, will frequently stop it. In melancholia, with great depression of spirits, neither purges nor venesection; but use cinchona and tonics. Emetics of little value: small and frequent doses of antimonium tartarizatum, in high excitement. Immersing in cold water, and pouring it on the head by surprise; paralysis sometimes follows this. In furious madness, with plethora, bad. A douche of warm water, with immersion, employed successfully by Messrs. Lucett and Delahoyde. Opium a doubtful remedy; two hundred drops of tincture. When prejudicial, used internally; friction with 6 or 10 grains of opium, well triturated with lard, induces sleep: extract of opium will also sometimes answer, in this case; or strong infusion of hops, internally and externally; or from 40 to 100 drops of the tincture, made by digesting four drachms of the *Lupulus communis*, in ten ounces of rectified spirit. A few drops of the tincture of foxglove, or half a grain of the powder, to be given at first, and gradually increased: a case of mania, preceded

by strong epileptic fits of frequent occurrence, and induced by a long use of ardent spirits, thus cured; succeeded by the oxyde of zinc joined with stomachics. Dr. Willis gives the camphorated mixture with extracts of conium, hyoscyamus, and other narcotics. Might be advantageous, combined with digitalis. Blisters, &c., also employed; in recent, probably with good effects, but not in old cases. Not applied to the head, but to the neck or back: ceratum sabdinæ good to keep them open. In melancholy, intoxication is used by some. In apathy from grief, sorrow, or fear; electricity and galvanism. Dr. Cox found great benefit from his swing. Puerperal: a blister on the head, or in the neighbourhood of it; bowels opened; camphorated mixture during the day: and at night, a full dose of the extractum hyoscyami: keep quiet.

NICHOLSON'S ENCYCLOPEDIA.

AMERICAN EDITION OF THE BRITISH ENCYCLOPEDIA, &c. By William Nicholson, Author and Proprietor of the Philosophical Journal, &c. 1817.

Article—*Medicine.*

EITHER by fair means or force, a complete ascendancy should be gained over the patient. Anger and violent passions to be restrained by the strait waistcoat. To be kept in silence and darkness, and as much as possible in an erect posture. In the commencement bloodletting from a large orifice, almost ad deliquium animi; if convenient, from the jugular vein or temporal artery. Daily a solution of gumi ammoniacum in glauher salts, so as to keep the bowels pretty laxative. Head to be shaved and cloths moistened with the coldest water or pounded ice, gently wrung and applied constantly to the head, until there is a sense of cold and chilliness: to be renewed as soon as they acquire any heat; and again to be employed when necessary. Or the affusion of water on the shaved head, from a considerable height, or whilst in the warm bath. Vomits are recommended of five to ten grains of tartar emetic, every three or four days, for two or three weeks. Opium and camphor have been employed in large doses, frequently with advantage. Digitalis has been found particularly serviceable: in gradually repeated doses until sickness induced, or the frequency of the pulse suffers considerable diminution: then left off; and again renewed when its effects on the constitution have been worn off. Gratiola in ten grains, thrice daily, has been recommended. Hard labour and long journeys have in some instances effected a cure. If pulse be full and strong, evacnants and diluents: if quick and weak, a more nourishing diet, chalybeates, and small doses of opium. In general a low and spare diet is necessary. Blistering not serviceable, except in the commencement. Affusion of warm water often soothing. The cold bath strongly recommended in the height of the paroxysm, except in impaired digestion, and debilitated vigour of circulation. Patient should be thrown in headlong, again and again, until calm or weak. Disease being removed, chalybeates, the oxyde or sulphate of zinc, and the sulphuric acid.

S P U R Z H E I M .

OBSERVATIONS ON THE DERANGED MANIFESTATIONS OF THE MIND, OR INSANITY. By J. G. Spurzheim, M.D., &c. Dr. Brigham's American Edition. 1833. First English Edition—1817.

ARETÆUS overlooked the moral treatment: Celsus had the greatest confidence in it. Physicians generally expect more from it than from the medical. The fatuous merely require protection. There should be different institutions for the curable and the incurable. There should be in an asylum one department for the patients under treatment, and another for convalescents. Proper airing-grounds: larger for melancholy. Cells for very fierce to be stronger than others. An opening from each cell into the gallery, and one into the open air. To be warmed by heated air: only a few cells unwarmed, and these to be paved with flag-stones merely; the cells of dirty patients to be also thus paved; their beds should have holes in the bottom, and the floor might be inclined to the door. Convalescents should be separated from the other patients, and occupations be especially provided for them. The most essential point is to put good rules into effect. I have often found that "what is the best administered is the best." I have seen abundant means, and very little use made of them; and sometimes much was done by small means. An inferior plan well executed, is more beneficial than a better system under negligent management. Physicians should attend particularly to cleanliness, air, light, and temperature. The diet should be modified in quality and quantity to suit the system of the patient, and the treatment adopted in his case; and should not be the same in all the patients of an asylum. Dr. Hallaran censures justly a custom in Cork, of giving, in festival times, a corresponding diet to the patients.

When coercion is necessary, it must be applied without silly coaxing or vague insinuations: with humanity and firmness, and as little noise as possible. The most tender method generally produces the best effects. No stripes, no resentment, no return of injury. No deception, but confidential behaviour and firm authority. Sometimes necessary to confine a patient in a solitary cell: thus shown that he has a superior: this fails sometimes; and then wristbands (invented by Dr. Hallaran) to be used in hot weather; and the strait waistcoat admirable in cold. If a strong impetus of blood to the brain, confinement in a chair: this favours the application of cold water and ice to the head, warm water to the feet, and bleeding. Hallaran praises the swing as a means of coercion. Sometimes, in violent fits of young and powerful maniacs, chains are necessary. If mischief is committed in a moment of indulgence, no means should be used but those necessary to prevent the repetition. If the patient attempts to starve, Haslam's instrument to be employed. Suit your management and conversation to the character of the patient, and the character of his derangement. Deception hurtful. Everything exciting deranged feelings to be avoided, and other feelings to be excited. Rarely produce any influence by reasoning: much more power over intellectual states than feelings. Some few cases of cure, or at least change in the train of ideas: quotes the instance given by Cox (v. p. 27). Pinel relates the case of a watchmaker, who imagined that he had been guillotined, and a different head had been placed on his body; from this delusion he was cured by mentioning to a companion his belief in

the miracle of St. Denis, who carried his head under his arm, and kissed it as he went along. His companion burst into a laugh and said, "What a fool you are! how could St. Denis kiss his own head? was it with his heel?" Regulation of the five senses and voluntary motion not to be neglected. In debility or inactivity of mind, exciting the smell may be useful. Colours. Music. These should always be, in their quality, opposite to the insane psychological faculty. It is essential to keep all the deranged faculties inactive, and to exercise the others. Occupations of all kinds. Instance of an insane person almost demented, a painter; who, having his attention turned to painting, was finally cured.

Reprobates the expectant method of Pinel; and the routine method of some practitioners. We must examine the cause, the history, and the various circumstances attending a disease; and treat it accordingly.

For the curable fatuous: bowels kept open, without purging; tonics; generous diet; dry and warm abode; pure air; aromatic baths; shower bath; rubefacienta along the spine; issues; a prurient eruption on the shaved scalp, by lotion with a strong solution of antimonium tartarizatum, continued for a long time.

In insanity from mechanical causes: antiphlogistic system. Bleeding, ice and snow, or cold water to the head: also aspersion of ether. Bowels to be kept open; and things which carry blood to the head, avoided; as liquors, indigestible aliments, costiveness, violent affections. Use those things which remove it, as an upright position, and low diet. Sometimes weakness of the bloodvessels remains; then use the same general treatment: washing the head with ether, cold water, cataplasmata of aromatic herbs boiled in wine. Avoid walking in hot weather, dancing, riding on horseback, swimming, or stooping. Blisters and vomits improper.

Where there is a hypersthenic state of the brain; either local, where the symptoms are obscure; or general, as shown by the flushed face and glittering eyes of inflammation; mostly in young, plethoric, well-nourished individuals; preceded by stimulating, rather than weakening causes; sudden, and of short duration. These, occurring in erotomania, require bleeding behind the ears, cold applications to the neck, and low diet. Pulse, deceitful; sometimes suppressed and small, rising after venesection. Fury depends on the excitement of the organs of combativeness and destructiveness; melancholy and despondency, of cautiousness. Whatever mental symptoms, use bleeding; opening the temporal artery, cupping at the temples, or behind the ears, at the neck; leeches to these parts; venesection at the arm; shaving the head; application of ice and cold water; aspersion with water, or vinegar and water; evacuants of the bowels; frequent use of serum lactis; decoctum hordei, altheæ, lemonade. If from refrigeration, use blisters: they do harm, if disease proceeds from too great application of the mind, or internal excitement. Avoid irritating things, as light, caloric, vomiting, camphor; and even be cautious in the use of opium and digitalis. Bleeding, &c., must be proportionate to the degree and nature of the inflammation.

The *asthenic* state (approaching to congestion) occurs generally in patients who are weak and delicate, of a nervous, irritable temperament, and florid complexion; or Haslam observes, after raving paroxysms have continued some time, leaving the scalp flaccid. This state may take up any form—pride, liberality, &c. Bloodletting will not remove it, but

may be used in great exacerbations. Things to be avoided which determine blood to the brain, as spirituous liquors, artificial heat, hot weather, affections of the mind. Treatment to be tonic and nourishing without stimulating. Shave the head, asperse it with cold water, or wash it, and apply ice to it; mild evacuation of the bowels. Internal remedies to be tonic without stimulating; amara, decoctum cinchonis, cinnamomum, aëtidium sulphuricum, and with the greatest caution opium and digitalis. Diet to be light, digestive, neither lowering nor stimulating, but nourishing. Good hopped beer, milk if digested, soft eggs, good broth; more animal than vegetable diet; aliments causing acidity and flatulence to be avoided.

The *nervous* state arises from violent or long-continued disagreeable affection, as jealousy, disappointed love, &c., in irritable, delicate (called *nervous*) temperaments, exhausting the bodily strength. Apparent inflammations and erudities in the digestive organs more often effects than causes. Not the antiphlogistic plan is here required, but tonics and antispasmodics. In the commencement, opium and other anodynes. In anger, a draught of cold water, or thrown on the body, and silence. If necessary to keep bowels open, hyoseyamus, musk, and castor, preferable to opium. Camphor in small doses often useful here. The antispasmodics rank first; then tonics, as chamomile, columbo, quassia, gentian, Peruvian bark, martialia. External and dietetic plan the same as in the last variety; so of things carrying the blood towards the brain. The failure in remedies is owing to the states of the brain being various, to the manner of using them, and not attending to all the circumstances of the patient.

The above three forms of insanity are idiopathic: then follow those from sympathetic causes. From inanition, where there are symptoms of bodily exhaustion and mental inaction, same treatment as in the fatuous. From *repelled eruptions*, &c., similar treatment, as when other diseases are induced by the same cause. From piles, by leeches and vapour bath to the part. When cutaneous, by blisters, issues, or setons. He coincides with Dr. Hallaran, that blisters in the early stages of insanity, when the determination to the head is perceptible, are improper: they are also apt to be rubbed off or swallowed by the patient. Dr. Hallaran says, that in cases where there is a want of energy, applied to the lower part of the neck, they are occasionally good. If from pregnancy, we must only palliate until delivery. The largest number of sympathetic cases occur from deranged digestive organs: hysteria, hypochondriasis, and melancholy, often found here; these forms often alternate. Plan of treatment to be enlivening, animating, and tonic. No bleeding. Behaviour to be kind. Ridicule to be prohibited. Change of situation and mental occupation highly important. If the cause is removable, as a drunken husband, should be removed. Mild aperients first; then tonics, as amara, bark, martialia, and antispasmodics. Reject irritating things, as strong wines, spirituous liquors, spicy dishes. Rub the skin with rough linen or flesh-brushes. Tepid baths often beneficial. Practitioners disagree with respect to the utility of bathing in insanity: he thinks that in a plethoric state of the brain, in which there is great determination to the head, the shower bath or warm bath is hurtful, increasing the delirium and headache; in inactivity of the brain, dryness of the skin, rigidity or spasmodic contraction of the muscular system, tepid bathing is useful: in warm weather for cleanliness. The partial cold bath, or the

application of ice or cold water to the head, is admissible only in too great excitement of the brain, both in the inflammatory state, and in congestion of blood. If there is general apathy, or if the faculties are oppressed by saburra in the stomach, vomiting is indicated; to be rejected, if the bloodvessels of the brain are supposed to be affected. Melancholia with symptoms of hysteria, or hypochondriasis, or propensity to suicide, is to be treated then in the same manner. Young, sanguineous, and very irritable patients cannot bear digitalis. Dr. Hallaran employs it after evacuants: he prefers it to opium as an anodyne and soporific, procuring refreshing sleep without the bad effects of opium; if its effects are too strong in causing vertigo, nausea, vomiting, and too slow a pulse, suspends it and gives purges; he recommends table beer as a vehicle. Dr. Hallaran approves of Cox's swing, as giving supreme authority over the unruly, and procuring sleep: it lowers the circulation, and the temperature of the body. It is contraindicated in young, plethoric patients, in an inflammatory or congestive state of the bloodvessels.

DR. JOHN MASON GOOD places little faith in anything but purgatives and moderate bleeding: and says that "after all, we have chiefly to depend on moral treatment"—firmness, amusements, &c.

HALLARAN.

PRACTICAL OBSERVATIONS ON THE CAUSES AND CURE OF INSANITY.
By William Saunders Hallaran, M.D., Physician to the Lunatic Asylum of Cork, &c. 1818. Second Edition.

Case.—A lieutenant in the East India service, from hot climate and remorse, experienced maniacal symptoms. Placed under Dr. Hallaran. Attacks periodical, having tranquil intervals: both of these short. These attacks, the most regular he ever met with in males, continued for six years, about which time they were observed to grow longer, and there eventuated a recovery: from this instance, should never give up as hopeless any case, so long as the vigour of youth, or a disposition to a diverso form of the disease, continues.

Measures of treatment bear an intimate relation to the original exciting causes, and their peculiar effects; thus, mania furibunda requires a different treatment from melancholia; in the former we could not commence favourably with moral means, nor in the latter with great depletion. Notwithstanding, similar remedies will frequently avail in the different forms, the period of using them only being different. And the ultimate treatment differs not widely; thus the maniac is liable to be soothed and benefited by moral means: and the melancholic often becomes violent and unmanageable, requiring evacuants, yet on the whole, the original exciting cause is generally found to appear, and to require a peculiar treatment throughout the disease. We must seek to anticipate the frequent contrivances of the ingenious maniac, and to counteract his constant imaginary supremacy. We only excite contempt by aiming at too much address. I have invariably conversed with each patient separately, on days of inspection, upon the subject most welcome to his humour; mental exertion thus evinced among convalescents is very

advantageous. Think attempting to argue a patient out of his delusion hurtful and utterly useless. Agree with Dr. Cox, that it is better to talk at, than to talk to, delusions: have known friends impatiently pursuing the opposite course, thus bring back a host of absurdities. On the whole, the less notice be taken of even the most obstinate fantasies, the less disposed will they be to retain them. I never try to divert them from their favourite opinions, until they begin to show their surprise at their own credulity: I coincide with greatest extravagances, unless delirium of fever enjoins strictest silence, or disposition to injure prevents.

Venesection.—From theoretical principles, has refrained as much as possible from venesection. Another objection is the fact, that in public hospitals, are rarely received in that stage of the complaint when bleeding is thought admissible; indeed, the disease has usually passed into the chronic form: venesection, therefore, little resorted to, and has not seen much of its effects. On the other hand, in private practice, where, in some instances, had maniacal patients in the acute stage, induced to open temporal artery; in those of essential service. In recent cases, this diminishes the excessive impetus of the heart, and thereby effects such a share of quiescence as gives immediate relief, as well as an opportunity of applying more speedily such other remedies as are best suited to subdue the violence of the paroxysm. Bloodletting, however, in mania, is not often called for, and unless under the most urgent circumstances, is not even admissible. In young persons, where pulse stands at from 96 to 100, with a white tongue, hot skin, and a suffused, protuberant eye, it will be undoubtedly found expedient, if not essential to the safety of the patient. But the great tendency, in all cases of insanity, to change from acute to chronic form,—the marked inequality in the circulation, and the subsequent torpor, even of the arterial system, contribute to establish the propriety of looking carefully for the unequivocal appearances which denote the necessity of general bleeding. Scarcely ever find, on dissection, traces of inflammatory action, proving that bloodletting might have been a desideratum. On the whole, must necessarily look upon large evacuations by bloodletting, as, at best, but nugatory, in the ordinary cases of insanity; as inadmissible unless under strong emergencies at the commencement; and as altogether mischievous, when anything like a protracted illness seems disposed to follow, from other circumstances of the case.

Local Bleeding.—In a great variety of instances, we have to observe, even in young robust habits, where the inflammatory diathesis may be supposed principally to prevail, a peculiar turgescency of countenance, with a sense of heat throughout the scalp, *tinnitus aurium*, and not unfrequently the idea that loud voices are heard from afar, or as if the rolling of carriages was incessantly at hand. The lower extremities are disposed to grow cold; insteps and toes, as well as hands, of a livid appearance. I have known apoplexy from this condition: and, in order to save life at the instant, have unwillingly been obliged to use the lancet. Advantage, however, never of long duration; and too frequently ascertained, that large bleedings had been originally practised; though sanctioned by habit then, venesection, whenever possible, should be altogether dispensed with. There is here merely congestion. Where time will admit, relief from leeches to temples, of the first consequence; and their repeated application, so long as superficial heat continues, to be fully relied on. By occasionally applying leeches to the back of the ears, on

a limited space, enough blood may be at once obtained, without making any sensible impression on the general circulation. I prefer this to scarifications, as appearing much less harsh; the latter has been very frequently insufficient.

Emetics.—By reason of action on system, their application to the maniac deserves particular attention. If the practitioner could meet the incipient form of insanity, at all times, its progress might be interrupted, or at least it might be deprived of its extreme severity, by the timely interposition of an emetic. But if in its maturity, caution requisite as to the general opinion of the indiscriminate utility of emetics in all its stages. Readily agrees to the propriety of relieving the primæ viæ from indigestible impurities, or of altering their action by the effort of vomiting; though cannot too forcibly resist administering them, in such doses as suddenly to excite the violent action of the stomach, when the vessels of the head may be surcharged with blood, and when the danger of overdistension is to be apprehended. Has witnessed very disagreeable consequences from want of precaution on this head, which have deterred him from directing full emetics, in any cases of this description. To obviate such danger, has invariably directed previously a strong purge, or combined with it the emetic. Also, equally cautious to direct such combinations in divided portions, at regular intervals, in order to maintain a state of nausea, until such a portion of the purgative be taken as might eventually secure a copious discharge from the intestines. With such precautions, will not be any ground for alarm, from free operation of emetic; as most commonly, the action of the bowels quickly succeeds, so as to satisfy all anxiety as to partial determination. The tardiness with which emetics act on some lunatics, contrary to Dr. Haslam's opinion, only to be overcome by an extra portion equal to that requisite for three ordinary persons. In several instances, portions of four times the usual quantity have been given before the effect was produced, and without any remarkable inconvenience. A friend, Dr. Bennett, and himself had to give a lady, a recent case, of delicate form, 16 grains of tartarized antimony, before nausea or vomiting; this proved neither excessive nor troublesome in its action. A purgative with the emetic seems to be beneficial, by directing a portion of the mucus (here present) downwards, and thereby expelling it; thus exposing the surface of the stomach to the emetic, by which an immediate discharge of feculent sordes is accomplished. Tartarized antimony best emetic, as tasteless, most soluble in water, and most certain. Usually directs 4 grains, with four ounces of the sulphate of magnesia, in a pint of hot water. Two ounces every hour until vomiting or purging. Great utility in acute stage, cannot be too highly estimated. Where bloodletting cannot, from turbulence, be attempted, or through other prudential motives be thought admissible, free use of tartarized antimony, in two-grain doses, at moderate intervals, seldom fails to reduce the most stubborn maniac to a state of relative quiescence, at most after the third portion of the medicine. In this state, sleep, which had been for some days interrupted, very frequently follows: and with it, those happy consequences succeeding a relaxation from inexpressible misery. By persisting in this mode of treatment, has frequently, without any other remedy, completely reduced the maniacal hallucinations, within ten or fourteen days from the commencement; so as to be enabled to follow up the plan of cure in the most satisfactory manner. Emetics continued until discharges natural.

Purgatives.—Purgation almost constantly of primary importance during the progress of an insane paroxysm. At the conclusion of fever, and even at the more advanced period of convalescence from mania, purging invariably indispensable; not only to subdue the frequent dispositions to a recurrence of symptoms, but also to confirm the prospect of recovery by a moderate continuance of aperient medicines, long after the disorder has ceased to make its appearance. Whenever cause denotes organic lesion, or this state can be sufficiently ascertained, the purgative plan is to be rigidly adhered to in preference to any other. Where the patient can be induced to take medicines freely, prefer the submuriate of mercury, united with antimonial powder and jalap in the form of bolus, in such proportion as will secure its direct passage through the bowels. Relief from this plan continues 24 hours at the least; after which feverish symptoms more marked, delirium changes from sadness to gayety, obstinate constipation, acute pains in the head and sleeplessness succeed, and the patient scarcely knows a respite from the most wearisome exertions. Under this reaction, slow introduction of emetic solution, singly, or combined with the neutral salt, diminishes pain and gives sleep. Where the patient obstinately refuses all medicine, but will occasionally take drinks, tartarized antimony is very capable of being imposed on him without exciting suspicion, thus largely diluted. Having had its effect on the stomach and bowels, or either, it need not, for obvious reasons, be persisted in; unless where frequent exacerbations should make it advisable; yet, where previous symptoms remain partially in force, and where necessity for continued purging still urgent, combined solution, with a diminished portion of the emetic tartar, given at longer intervals, will, by preserving its influence in a more gentle manner, materially contribute to promote a farther amendment. Indication for perseverance in purgative plan, must be determined by nature of discharges. So long as dark, broken-down matter, with *scybalæ*, but slightly marked by yellow bile, no hesitation in continuing evacuations. If *feces* moderately consistent, and coloured with recently secreted bile, of the florid aspect; if a remission of more urgent symptoms; if region of liver be to touch free from pain and tension,—and if appearance of debility be at hand, it will be full time to desist, and to look to the support of the patient by suitable nourishment. Patients refusing medicine will often be deceived into compliance with the directions of physician; his assumed authority will rarely be insufficient for purpose, and if careful not to overact part, will in most cases succeed. A determined conduct once or twice repeated, so as to subdue opposition by dexterity, rather than by force, will tend to overawe, and to establish a tacit acquiescence, where an obstinate resistance would otherwise prevail.

Circulating Swing.—Fortunately for practitioners, Dr. Cox's swing is a safe and very effectual remedy for description of maniacs last adverted to. From want of subduing means in such cases, he soon followed idea of Cox, and thinks advantages of first consideration, and to extent alleged by him. In the above inflexible maniacs, generally after swinging has found them willing to take medicine, and has given a calomel purge at bedtime; and when necessary, the purgative solution before adverted on the following morning. Has also been in habit of using swing with evident success, for those recently attacked, and who, previous to its application, were sufficiently evacuated by purgative medicines; also with others, who, after repeated attacks at short intervals, were subjected to its

influence immediately on the accession of a paroxysm. Not to be inferred that it is always to be employed, even where violence of symptoms seemed to justify it. Has never used it, where introduction of other remedies sufficiently in power; or, unless they had failed of the desired effect. Sometimes useful, on failure of other means, in procuring sleep: here an unusual length of time under slow action of swing, without vomiting; repetition according to circumstances, but dread of it will invite a disposition to sleep. Advantages, in intermittent insanity, cannot be too highly estimated. Has known symptoms of an approaching paroxysm, nearly subside on first effort. Strongly objects to it where inordinate determination of blood to head, especially in young plethoric habits, in whom every sudden emotion should be carefully avoided. Seems inapplicable at commencement of insanity, or until violence of paroxysm has abated, or been previous evacuations. Horizontal position to be preferred as long as desired effect can be obtained. When this cannot be accomplished, great care, especially with the tall, in erect position, to prevent ecchymosis from hanging over of head. For evacuation, erect posture preferable. Careful superintendence proper. Has in some instances, as a remedy, entirely failed; cannot recommend more than two or three well-directed efforts. By indiscretion may produce most painful apprehensions in patient, and remove at a greater distance benefits already in possession. Swing, in Cork Asylum, appears to be an improvement on Cox's. Worked by a windlass, and capable of being revolved a hundred times in a minute, but can with ease be regulated to degree best suited to intent. Now adapted for one person only, instead of four, as had been at first contrived, to body of machine affixed apparatus for horizontal position, (a sort of hammock merely). In several cases of continued insanity, excellent effects after a few trials. In some who, from disposition to violence, and necessity, were closely confined to solitary apartments, rendered them easy of access, of kind and gentle manners; and doing most willing service in daily occupation of cleansing, and attendance on sick. Previously, invariably affected from swing, with a smart fever of eight or ten days' duration, the apparent cause of this change. Cannot mention a case of chronic insanity cured, but from established utility, thinks every insane institution should be provided with one. In a few cases of private practice, where not at hand, as well as in public, in which it could not be repeated, has contrived to confine his patients in close hammocks, slung by two parallel ropes from ceiling, and supported at angles by cords, with eyes hooked to the upright ropes. A gentle oscillatory motion thus readily obtained, applicable particularly after effects of swing, where continuance of sleep of importance. If nausea or vomiting desirable in first instance, oscillatory motion should be held in reserve; and by twisting parallel ropes to full extent, so as to let them return, by relaxation, to former position, action of stomach powerfully excited: this followed by refreshing sleep. Attendant, on continuing rocking motion of hammock, in a darkened room, has continued to prolong it, for eight or ten hours, without intermission. This method of subduing furious maniacs has succeeded in an admirable manner. Deprives them of all power to resist, and prevents the possibility of injury to themselves, by beating against a wall or bedpost. Thus, too, completely enveloped, and kept sufficiently warm, and by silence of attendant, violence may be again thus restrained. A string to side of hammock, and passed through aperture in door of apartment, avoids

necessity of attendant being constantly in room. Has known swing of especial advantage, where hæmoptysis had taken place of mania, and where it succeeded in stopping the mania.

Digitalis.—After frequent trials, at a loss to account for its total failure formerly, patients becoming sickened by merely five drops of tincture; accident taught him reason and true mode of administration. *Case.*—Being called upon some years back to renew attendance on a gentleman with whom had made previously several fruitless attempts to introduce the digitalis, in various forms, now, after an interval of fifteen months, found circumstances of case very different, and opposed to principles of treatment which former symptoms required. Tendency to dementia, violence, and sleeplessness. Directed generous diet and repeated use of opium in small quantities. Ordered ten drops of tincture every two hours until sleep. Next day had enjoyed eight hours sleep, and was much relieved. Pulse from 120 to 96, with some intermission; none of heat or confusion from laudanum, and in every respect evidently improved. Suspected some mistake, and found he had taken tincture of digitalis instead of laudanum. Thinks failure formerly, and success now, proves that the digitalis is not eligible, in any case, unless system previously reduced by proper evacuates, and sedative effect cannot be usefully exerted under pressure of high arterial action. Digitalis then kept up by repeating it every six hours only. On following day, had spent the night with great tranquillity, had slept several hours; somewhat conscious of late eccentricities, and raved much less; pulse still a good deal affected: continued six days in same manner, and at length, finding circulation firm, and general appearance much improved, directed an additional drop to each dose. Progressively able to go as far as sixty drops, three times a day. Pushing farther, disposition to late violence succeeded; medicine, therefore, omitted for two days. During interval, smartly purged, by the bolus of calomel, jalap, and antimonial powder, assisted by the purgative solution, as previously mentioned. Again returned to digitalis, at twenty drops three times a day; gradually increased as before. Persisted in up to one hundred drops at a dose, not only with impunity, but evident advantage. This plan, with certain modifications, uniformly adhered to for several weeks after; and though occasional disposition to relapse, it was finally overcome, and he has remained in perfect health for last seven years, in active exercise of an important branch of business. Dr. Longfield, Dr. John Milner Barry, Dr. Baldwin, and Dr. Daly of Cork, agree with him in opinion as to merits of digitalis. As soon as injurious effects of either digitalis or opium apparent, they cannot with safety be persisted in. Where proper maniacal cases occur, as confident of their recovery from digitalis, as cure of lues by mercury. As in above case, showed its capability of restraining within due bounds action of heart and arteries, so has it, in a remarkable manner, evinced its anodyne and soporific qualities. Since result of that case, has continued to direct it with the same confidence of procuring sound and refreshing sleep, as would prescribe opium on other ordinary occasions. Special advantages over opium cannot be too highly valued; and it may be very readily admitted, that it possesses them free from disadvantages of opium. Insane persons have repeatedly assured him, on approaching recovery, that they, within a very few minutes, have had a consciousness of relief, both as to mental and corporeal sensations, from the digitalis. In worst state, when no other drink would be re-

ceived, have eagerly accepted that in which odour of digitalis perceptible. One, in particular, who for a time had been intent on self-destruction, declared, that propensity was never present so long as its efficacy had remained. Sedative power on circulation to be carefully attended to, lest it be carried too far, and endanger existence of patient, by producing paralysis, or extreme debility. On first appearance of pallor, accompanied with inability to retain food, vertigo, dilated pupils, slow intermitting pulse, with cold extremities,—should be instantly laid aside, and volatile alkali, and other cordials, liberally substituted. Those symptoms, however, though requiring every attention at the instant, are, by proper care, of short duration. By withholding medicine, for a few days only, and by employing interval in moderate purging, a further opportunity of returning to it without difficulty or danger will be effectually restored. Very few can bear 40 drops at a dose, on recommencing, without nausea, and some vertigo: this should be at all times signal for pausing, and recurring to purgative plan; after which may again be had recourse to, by reverting to 10 or 20 drops: then, on adding one drop daily, or to each successive dose, number can with propriety be extended to 50, as circumstances may direct. Remains regularly at 50 drops thrice a day, for eight or ten days. Then proceeds with facility in increase to 100, with safety and advantage. Do not often experience the good qualities of this medicine, in small doses: chiefly where carried to a large amount, that it manifests the most decided and permanent proofs of a superiority. Negative quality, in some rare instances, has appeared very remarkable: in these discontinued for fear of consequences. *Case*.—A young lady; six months under care; took digitalis without effect to an extraordinary extent; suspended it; mercurialized her. Then took 10, 20, and 30 drops, when a listlessness and languor, with unusual disposition to sleep; suspended, and aperients substituted; then resumed, and at end of fortnight up to 40; quiescence and complete recovery in six weeks. Wholly well for last six years. Tendency to constipate calls for purgatives; inconveniences met with mostly at commencement, as pallor, nausea, vomiting, &c., also immediately give way, as soon as bowels operated on. No diuretic effect in mania, though in largest quantities. Yet it is effectually ascertained to assist in reducing the maniacal furor,—in subduing arterial action,—in promoting the most refreshing sleep,—and ultimately, in restoring sensorial functions, without uneasy sensations. By almost insensible action only, can expect to meet best effects; and injurious administration may be generally rated according to sudden and decided evidence of power, over vital organs. Cannot with advantage or safety be ventured on, where the inflammatory diathesis presents itself. In all cases of relaxed fibre, exerts its excellent qualities with peculiar efficacy; it is therefore that in mania, unless by preparatory measures of depletion, it is ever inapplicable, if not decidedly mischievous. Saturated tincture preferable preparation. From greater odour, ascribes more of soporific quality to the green tincture, than to that from digitalis pulverized, after drying. Former well adapted at commencement, from greater mildness; latter, more to be relied on, in necessity of immediate rigorous measures. Advantages seldom to be obtained unless by determined patience and vigilant observation. *Case*.—Æt. 21; had been exposed to much bodily fatigue, loss of rest, and great anxiety of mind, during illness and subsequent death of a near friend. Generally cheerful, spoke a great deal, and very clamorous, particularly at night. Pulse sharp and quick, and much throbbing

of carotid arteries. Leeches to temples; subsequently bled from arm twice; second bleeding being so copious as to induce considerable debility,—bowels moved repeatedly by calomel, followed by a solution of epsom salts and tartarized antimony. Had taken camphor, hyoseyamus, compound tincture of castor, in order named, without producing refreshing sleep, or any amendment of symptoms. After a week, digitalis in dose of gtt. xv. every third hour,—slept sound first night, and much calmer and collected succeeding day. Continued in doses gradually increased, for four or five days, and in a short time recovered her intellects and bodily strength.

Opium.—Inferiority of other means led to use in asylums formerly: but of late years, seldom employed in Cork Asylum; nor need its advantages be sought, when digitalis and swing supersede it. Notwithstanding, in certain cases found to subdue first approaches of paroxysm, and even cut it short, where it had already assumed a positive character. Still a question, therefore, whether, in generality of instances, a full and timely dose of opium will not make way for gradual return of rational perceptions. Has known this to take place in the most decided manner, where sleep had been absent for 48 hours in succession; and where disease would have been confirmed but for intervention of an opiate, to extent of 240 drops of tincture, at three short intervals. Sleep, approaching to apoplexy, finally succeeded, in consequence, for nearly 24 hours; evidently the means of effecting an entire and lasting return of mental faculty: case alluded to one from ebriety, where loss of sleep extreme. In perfectly quiescent state, where all febrile heat and turgescency of countenance been subdued, will be found, separately or combined, of infinite utility; particularly where mind remains defective, through debility, and is prone to dwell on real or imaginary misfortunes; or where corporeal functions, exhausted by weight of mental power, become inert and feeble. Under such circumstances, cardiac principle of opium, in small quantities, at regular intervals for a few days only, will not fail to promote convalescence by progressive means. Opium also leads way to more permanent use of digitalis; for where former productive of any benefit, latter to be fully relied on subsequently. Same applies to wine, as well as to animal food.

Camphor.—Has had a character which still gives it place in the estimation of many of the most respectable practitioners. Does not deny efficacy in first stage of mania, as an anodyne; also admits it possesses a soporific quality: yet obliged to declare, that neither of these effects ever so manifest, as to induce repetition for more than six or eight days, with additional confidence. Has used it to a great extent, on many occasions of acute madness. On some has apparently assisted in the gradual reduction of the febrile symptoms: but has more frequently failed. Has not met any ease indebted to it principally, where recovery had taken place; nor has it proved so effectual, as when combined with opium, with antimonial powder, or the nitrate of potash, though in proportions exceeding their usual quantities when given separately. Might point out some few cases, where pertinaciously adhered to, and eventually succeeded by the deplorable state of idiotism: no medicine of the class so suddenly loses its influence on maniacs. As a palliative, may be entitled to some credit, but treating by a continued course of camphor and opium, an egregious loss of time, and particularly liable to ultimate disappointment.

Restraint.—Persons in acute madness suffer much from coldness of

lower extremities: gangrenous sores have arisen, and death has ultimately succeeded. Has known danger of life particularly, from supposed expediency of confinement without interruption on ground floors in the depth of winter. Those here alluded to remained in first instance closely confined, and were kept an unreasonable time under influence of camphor, to subdue violence. In order to meet first approach of lividity from cold extremities, and consequent gangrene, patient should at once be encouraged to take such daily exercise, within doors, as strength will allow, and to persevere, if possible, until warmth shall succeed. Of importance to bear in mind, that maniacs, on complete reduction of acute symptoms, do not admit of a greater degree of coercion than is requisite merely to act as a check on their present propensities. When this is prolonged, a vicious disposition is acquired. Then additional restraint; and mischiefs from muscular contractions and muscular inactivity. Term of confinement determined by prevalence of fever, and not by force of hallucinations. To obviate inexpediency of freeing maniacal patients from close confinement, and to provide against possibility of unrestrained violence, during this indulgence, a broad strap of leather has been provided, which embraces the body directly under the *axillæ*,—at the sides of which are fixed other narrower straps, fitted to hold each arm, so as to be buckled behind, and by which means they are effectually secured. Main strap closed behind with loopholes and rings, through which a small iron pin passes, stayed at top, and fitted at bottom for a padlock. To prevent body strap from slipping down, a loose circular band of leather extends from front edge over head, and lodges broadly on shoulders, which is also secured behind by a loophole and small strap, attached to one of the rings, through which the pin is directed. By this method, the whole is preserved from being shifted; and it most completely prevents the use of either hand, for any injurious purpose. Object of exercise is, however, sufficiently attained, for which open galleries of institution very well adapted; till at length patients permitted, under the same restrictions, to pass into the open air.* A determined perseverance in this plan, sometimes under very remarkable circumstances, has had its full reward. Gangrene of lower extremities no longer known in asylum. No patient allowed to remain confined to bed during absence of fever; or to his apartment, unless on principle of occasional punishment. Hence a confidence and tacit acquiescence in the measures of regular discipline; prospect of recovery upheld; and dread of perpetual confinement entirely effaced: order of dismissal therefore made public, and hope of obtaining a similar one, by all in turn, never lost sight of. Of two hundred and fifty patients in asylum, not more than twelve under restriction; others either at large in their particular galleries and day-rooms, in the courtyards, or in the garden, employed in horticulture, and exercising, for recreation and amusement, in a more open atmosphere. Pleasing result, that uproar from uninterrupted confinement nearly done away, &c.

Blisters.—Use been indiscriminate. Inadmissible, as only irritating, whilst fever lasts. In more advanced stages, where a want of energy, and an incapacity to participate in usual objects of volition, succeed to previous activity, occasional repetition round lower part of neck often beneficial, by stimulating property. Has learned from convalescents, that applied too early, they renewed previous acute sensations of head.

* Plate also represents irons on ankles connected by a small chain G.

Precaution of applying them some distance from head, seems justifiable; efficacy may, in certain cases, be more complete by placing them on calves of legs, or feet. Apt, unless watched, to rub them off, and have even chewed them, producing desperate inflammation of month and fauces: their ingenuity in eluding vigilance have deterred him from use of blisters. But, in truth, seldom requires their aid before the advanced state of convalescence, and until they may be employed, not only without constraint, but also with the concurrent approbation of the patients.

Mercury.—Cases rare admitting its employment; those admitting it, strongly connected with retrocedent gout; and so clearly dependant on inactivity and over-distension of entire mass of liver, that there could be no hesitation in giving the credit of the relief obtained to the deobstruent power of mercurial frictions. From observation, entertains a high opinion of mercury as a preparative to digitalis. Calomel seems most eligible preparation—as relieving bowels from retention, and altering previous action of system, and thereby modifying it for the more effectual admission of other remedies. Cases like those already referred to, may still require the more direct introduction of mercury by friction or otherwise; but where calomel has been previously used and frequently resorted to, as a purge, such necessity will not long continue; nor can a compliance with it in any other form of the medicine be admissible, under pressure of strong *pyrexia*, or active maniacal emotion.

Warm and Cold Bath.—In first stage of mania, warm bath, at any temperature, altogether unsafe: there being from it increased fulness and velocity of pulse, instantly on immersion; and then additional turgescency of countenance, with thirst and an acute sense of pain throughout the head, but particularly at the occiput; in no way refreshed, but lassitude and debility; rigours ensue, followed by arid heat on surface,—restlessness and wild delirium. During second or improved stage, equally inadmissible; and where stimuli in general forbidden, rule will hold good. In third or convalescent stage of mania, advantages cannot be too highly estimated—stimulating bilious and other secretions, and soothing. Also useful in diminishing peculiar fœtor. Bath at 96° highest for beginning: continuance regulated by immediate state and strength of patient. To obviate faintness, napkins wrung out of cold vinegar and water, and applied entirely round the head in the form of a turban, and frequently renewed whilst in the bath, will sufficiently answer—preventing heat and turgescency. By regular repetitions, at length becomes a source of recreation and enjoyment: capability of remaining in it prolonged to an hour and upwards; a confidence acquired from a consciousness of its good effects, and with those, the other measures of more permanent relief, are without difficulty put in force. Does not urge necessity of going to bed immediately after bath of 96°. On the contrary, recommends moderate exercise in a dry, open atmosphere.

Shower Bath.—Cold to surface under immediate febrile action, very generally admitted, and in no disease more deservedly than in maniacal fever. Cold affusion recommended by Dr. Currie, in this instance applicable in its fullest sense, but maniacal paroxysm, as far as Dr. H.'s experience, has never been found to yield to it. Shower bath inadmissible, if reaction imperfect. Should ascertain, at the instant, the force and frequency of the circulation, as well as degree of superficial heat. A maniac, whose "heat stands steadily above temperature of health,"

and is as high as 100° , with a pulse from 96° to 110° , may with perfect security be placed under a cold shower bath, and with the expectation of receiving very important benefit. In certain urgent cases, may with propriety be repeated three times a day : in the morning, especially after a restless night ; at noon, on the approach of the evening exacerbation ; and at night, when at its height. Though no permanent effect, seldom fails to limit, in a great degree, the exhaustion which would arise from uninterrupted violence. Patients, after leaving the bath, and being carefully rubbed and dried, should be placed in bed and encouraged to take rest ; sound sleep generally the consequence, attended with a mild diaphoresis. Such frequent repetitions must be directed according to the urgent circumstances of the case ; morning recurrence has ever proved eminently salutary, and the evening also, where a turbulent night might otherwise be expected. Cold affusion, during prevalence of diaphoresis, or in the absence of fever heat, under existence of pallor or appearance of emaciation, should not be attempted. In melancholia, where a suspension of every active principle of life forbids all evacuant measures, save as to bowels merely, exulcerating quality of warm bath, from commencement, evidently advantageous. As use of warm bath in melancholia is occasionally interrupted by symptoms tending to acute mania, the cold bath, on cessation of fever, is frequently interdicted by a disposition to inveterate melancholia ; each requiring in succession all the measures necessary for the other, on a primary consideration.

Melancholia.—In sanguineous temperament, immediately at commencement, symptoms assume somewhat of the acute aspect, admitting of topical bleedings from the head, together with active measures of depletion from bowels ; in melancholic temperament, torpid action of bowels singularly urgent, and frequent necessity of unloading them, principal indication. Melancholia calls for remedies at outset, for which mania needs preparation : thus with digitalis only moderate attention necessary in former. In melancholia, cold affusion would tend to extinguish life. Wine, with animal food, under certain limitations, with other stimuli, admissible in melancholia in its earliest stages. In this form also every measure of recreation or amusement, consistent with capability of advantage ; whilst mania calls for immediate seclusion and restraint. When latter terminates in former, it is for the most part accompanied with jaundice, and other proofs of hepatic derangement. Here mercurial action immediately called for. Calomel preferable ; if indisposed to take medicine, mercurial frictions. This form apt to run into oedema of lower extremities, and unless checked by mercury, assuming serious character of anasarca or ascites. Such terminations not common, where digitalis been allowed to exert influence, combined with or immediately after mercury, and mischiefs arising from a dropsical tendency will be effectually prevented.

Convalescence.—On judicious regulation of convalescence, on its first appearance, will depend hopes of recovery, or danger of a fixed complaint. No measure so decidedly tends to retard convalescence, or to defeat its end, as close confinement continued too long. In melancholia, on approach of convalescence, little more of urgent concern than to regulate and keep within certain limits disposition to extraordinary vivacity, which for a time exists, and which finally resolves itself into a state of natural tranquillity. In aid of this, dietetic restriction seems to be the chief indication ; with it, however, such means as may meet first ap-

pearance of febrile action indispensable ; those should be persisted in on a scale not much inferior to plan laid down for treatment of maniacal fever. Next care to effect a gradual relaxation of all impediments that stand in the way of the patient and those indulgences, privation of which, however essential, was an unremitting source of painful irritation. Will not answer to remove restrictions abruptly. As to utility of restraint, if a slight degree of personal restriction, such as that of strait waistcoat, the strap, or a light chain round the ankle can impose, be found sufficient to prevent commission of suicide, in the one case, or murder in the other,—are they not in strict justice to be permitted, and conformable with kindness, &c. In Cork institution, certain modes of personal restraint and coercion often unavoidable ; and in order to subdue turbulency and confine patients to their beds, ankle-chain frequently called for, and used with best effect, where all other measures would prove of no avail.

Seclusion from Light.—Some patients look at sun with indifference ; here has remarked remedies to be useless. Abstraction of light in earliest stages of complaint indispensable. Not total darkness, as by contrast endangering optic nerve on convalescence. A moderate and equable light is at all times necessary, so that surrounding objects may be distinctly viewed, without adding to danger of misconception or of visual deformities. Apartments, then, in acute mania, should receive light indirectly, or from a northerly aspect, in order the more effectually to guard against its glare ; also should be admitted from the highest elevation which the room will afford, so as to avoid all intercourse from without, and to prevent irritation, even from inanimate objects, which may otherwise happen to be within observation. From want of precautions, seen persons far advanced in convalescence suddenly thrown back, from inability to resist unusual impulse of light, and impressions and associations to which unguarded conduct of officious people had exposed them. Therefore of great importance that a gradual admission of light be permitted for some days previously to the patient being allowed to change his apartment ; and that no objects be left in the way of observation, which may revive former associations, either of a grateful or of an offensive nature. In effort to familiarize convalescent insane with a more free exposure to light as well as still objects at a distance, those connected with rural scenery have ever proved the most acceptable. Scenes of busy life, from which a quick succession of ideas is forced upon the imagination, have invariably produced serious mischief. Mention an instance in which a convalescent, from witnessing the ascent of a balloon, relapsed, fancying that it contained his wife and infant child.

Exercise, as forming a material department of regimen, and as intimately connected with treatment of convalescents, requires to be conducted with much precaution and address. As unused to open air and light, and therefore peculiarly susceptible of impressions, of the first importance that a free and constant circulation of pure air should be established at all times, but particularly before any efforts be made to exercise the patient. Even then, range of exercising should be limited to precincts of dormitory, shaded from direct rays of sun. Already shown that proper regulation of exercise ought to commence as early as circumstances will admit. Insane, during a tedious confinement, if not kept warmly covered, and made to extend limbs in bed, will acquire habit of

huddling them together, for sake of warmth; in consequence of which, on restoration of faculties, often cripples for life. Hence require very closest attention. A safe and ready mode of preventing this, in asylum under his care, bricks, properly heated and placed near lower extremities, so that their warmth may induce the patient to extend his feet in their direction. Thus heated and covered up in a woollen cloth, retain heat for several hours; also afford less opportunity of being applied to injurious purposes than hot water. Erect position of walking appears preferable to convalescents amongst modes of gestation, and has immediately obviated coldness of extremities when present. Horticulture best mode of employment. Good effects which have already resulted from regular employment of chronic insane and convalescents in horticulture cannot be too forcibly remarked. To all classes been a source of enjoyment and of ultimate benefit, well worth purchasing at any price. Easy labour of garden at once a recreation and amusement; an indulgence of good conduct and contrary. Land had been lately added to Cork institution. Not possible to be present at the busy occupation of 30 or 40 of them, in earnest application of their remaining faculties, and each intent on immediate task so as to ensure approbation, without wonder and satisfaction. If not silent on any sudden occurrence, for some time difficult to reduce them again to order. Quantum of work almost incredible; seldom inferior to one-fourth that of ordinary day labourers, and execution not deficient. Whole directed by one man, who has charge of garden; and although every individual has the unrestrained use of the implements, no instance yet of mischief. Such avidity for this, that in a few days the apparent novice has become so familiar with garden tools, as to set an example to others. When unwilling, a small portion of tobacco the sovereign remedy. In convalescents, propensity to ill-temper, immediately after most refreshing sleep; therefore eligible, with few exceptions, that they shall not be trusted with offensive weapons for any purpose till after hour of breakfast: attributes this to flow of blood to head. Important result as compared with vociferations formerly pervading house at night, the stillness from the uninterrupted sleep invariably succeeding habitual labour. By a systematic arrangement of daily occupation, all descriptions of the insane, capable of corporeal exertion, however set down as incurable, may still acquire habit of rendering themselves useful. *Case*.—A young man apparently convalescent, who had fallen into a state of imbecility in spite of means used to encourage him in some light work; nearly been ranked among incurable idiots, when discovered by accident amusing himself in drawing, with rude colouring, on walls of his apartment—first intimation of his possessing the talent. By giving him better colours and encouraging him in this occupation, he was cured in two months.

Diet.—Patients in the Cork Asylum, being chiefly paupers of the city and county: it was wisely resolved, that their ordinary diet should consist of the farinaceous fare, to which, from previous habits, been chiefly accustomed. In addition to a plentiful meal of oatmeal porridge, and new milk for breakfast, a dinner allowance of vegetable soup, the product of their own cultivation, with oatmeal boiled down, is served out; to which beef is added three days in each week, so long as price within certain limits; potatoes also in dinner meal. To aged and infirm, and convalescents particularly, animal food, whenever circumstances may seem to demand it. At certain seasons of the year, they were allowed

to participate in the general festivity, by a few generous meals of animal food; a scene of uproar was sure to follow from the unusual stimulus thus given: may be inferred, however, that if more frequently permitted, such consequences would not have resulted. This may be so in part; but even in such cases, has found that animal food tends strongly to aggravation of insanity. And this an additional argument in favour of a farinaceous diet, in preference to admixture of animal matter, so long as any remains of acute appearances which denote insane orgasm. On the first establishment of asylum, regular allowance of animal food once a week, produced similar effects. At more advanced period of convalescence, and under appearances of debility, owing either to age or to the protraction of aparoxyism, necessity of a gradual indulgence in animal food must be abundantly obvious. Where this has continued to be admissible, it has afforded one of the best securities of a permanent recovery. Wine but seldom an article of diet in any stage of insanity; at least so long as prospect of cure can with propriety be depended on. Wine and all fermented liquors equally injurious, unless in the most urgent cases. In the higher classes of society, however, where wine was daily an indispensable source of indulgence, and where at the eve of recovery it could not be altogether withheld, has found it, in strict moderation, to answer a good purpose; by adding strength to patient, and serving, during term of probation, to confirm opinion of his safety. Yet, even in such cases, should not be taken undiluted; and those who have been prevailed upon to abstain from it altogether, have been also the most fortunate in escaping a return of the malady. Temperance, in its widest sense, chief security to persons predisposed to insanity; this doubly applies to those recently afflicted with an insane paroxysm. As appears to exist an opinion that a regimen approaching to starvation is essential, would wish to enjoin the more justifiable principle of temperance, by a middle course between over-distension on the one hand, and inanition on the other. Digestive power being suspended through disease, animal food provokes it into premature exertions; to this succeeds a collapse of the entire system, with all the horrors of indigestion, followed by increased determination of blood to vessels of head, and ending in congestion, apoplexy, and sudden death. Therefore of importance to ascertain that the liver and its appendages be subservient to the process of digestion, in the secretion and copious supply of yellow bile, previous to admission of solid animal matter as an article of diet for the convalescent insane.

Chronic insanity has still its modifications and periodical excitements, which demand the most rigid abstinence; they are of frequent occurrence, and should be provided against by a generally governing principle of moderation and frugality. Its treatment, in the generality of instances, bears a strong reference to that which had been pursued in its primary state: it varies little more than in degree, and requires to be regulated in strict conformity with the force and continuance of the paroxysms.

Fowler's Solution.—Where chronic insanity has decidedly assumed the periodical type, and also, notwithstanding the intervals, together with the paroxysms, has obtained the most desirable balance without terminating in health, the object of recovery may be greatly promoted, by the cautious introduction of the solution. Will not undertake to say that such instances have been numerous, as the proper opportunities for using

this powerful medicine are not of frequent occurrence ; neither does necessity of employing it appear to be justifiable, where other remedies of sufficient efficacy and of less hazard have a decided claim to our preference. As a last resource, may conditionally apply it as a tonic medicine, where fever and local determination are no longer in question ; or, during the intervals, where congestion especially does not appear, and is not suspected as a close attendant.

Spirits of Turpentine.—Selected eight men and four women affected with epileptic mania, and, following Dr. Percival, commenced with a teaspoonful in a glass of water thrice daily, for three days, when dose was doubled. At end of week, fits of each less frequent and of shorter duration. All were conscious of having slept better, and of having felt more comfortably. In general, took it from conviction that it merely contained a dram ! During first fortnight an evident advantage, but from that to end of second, effect had ceased, although increased to half an ounce three times a day ; it at length became painful to the bowels, and seemed to create a distaste for food. Again put on trial with others of the same class, and precisely with similar results, and must agree with Dr. Percival, that “ not able, in a single instance, to banish permanently the epileptic attacks ; but in every instance they became considerably milder, less frequent, and remarkably disengaged from the maniacal excitement which had formerly attended them.” In a case of chronic insanity, arising out of acute mania from habitual intoxication, found that two teaspoonfuls of the spirit three times a day satisfied eager anxiety for ardent spirits, with great mental amelioration ; at the time, on probation in asylum ; æt. 30 ; sallow ; two years back under similar confinement, from whence dismissed cured.

All parties, speaking dispassionately, seem to be of one opinion as to strict propriety and necessity of early removal and non-intercourse of the insane with their intimate friends and relatives ; but friendship and affection often induce contrary action. Has not been so fortunate as to meet more than three cases of confirmed mania, in which a perfect recovery was effected under regulations of home management. It therefore cannot otherwise be supposed, than that his first care is to recommend immediate removal, as the only means by which can reasonably hope for an effectual termination of disease. Many, however, partially insane, yet who are not the proper objects for confinement. A few of these, conscious of their infirmities, have personally consulted him, whether they stood in need of retirement or otherwise. Some have voluntarily complied with the opinion, that a temporary seclusion from the busy scenes of life would be productive of utility ; others, on the contrary, have been encouraged rather to partake of the moderate intercourse of friends, and to join in such recreations as may best tend to relaxation and hilarity. Tenderness, perseverance with decision, are qualities which cannot be dispensed with in those who would aspire to the effectual treatment of the insane : those, if well bestowed in such a service, must ever ensure their own reward. They afford a confidence which inspires hope ; they unquestionably subdue asperities, which severity cannot conquer. Convalescents, properly regulated, should be allowed to associate only with those of their own class ; the incurable insane should also be apart ; the idiots should never, if possible, be permitted to come within view of either. The indiscriminate mixture of all cannot fail to be an endless source of riot, and of serious disappoint-

ment. Daily intercourse of convalescents in particular, by serving as a check to extravagant emotion, is highly expedient as a moral means, and materially conducive to final recovery.

GEORGET.

DE LA FOLIE, &c. Par M. Georget, Docteur en Médecine de la Faculté de Paris, ancien Interne de 1^{re} Classe de la Division des Aliénées de l'Hospice de la Salpêtrière. 1820.

MORAL or empirical means are much more useful than the indirect or medical: always necessary, they act with a much more constant utility than the other class. Alone, they can cure many cases. The medical act ordinarily by dissipating sympathetic symptoms, and restoring the health of the general economy. The reason of the superiority of the moral is, that by these we act directly upon the part of the brain which is endued with mental functions and which is the seat of the disease; whereas by medical means we can only affect directly that portion of the brain endued with the nervous influence; and thus act but sympathetically upon that possessing psychological properties, and forming the object of curative endeavours. He divides the treatment, then, into direct or moral and intellectual, and indirect or rational.

I. Moral. The indications here are as follows:—1. To remove or lessen causes which, having originally brought on, tend afterwards to keep up and renew the disease. 2. Separation from the objects causing or connected with the derangement. 3. A location in which they cannot commit acts injurious to themselves or to others. 4. To rectify false sensations from which spring hallucinations, and a crowd of strange ideas and actions. 5. To fix the attention of the maniac upon a small number of objects; to force him to think, to reflect upon what he says and does, to hinder his thoughts from wandering over all things without resting on any one. 6. To withdraw the attention of the monomaniacal from certain objects upon which it is riveted too strongly; to cause oblivion of the false ideas which constantly possess, sadden, and alarm them, and to counteract feelings of too exalted a nature, by exciting those of an opposite character. 7. To arouse the thinking faculty in the torpid, with them almost inappreciable; to dissipate their confusion of ideas, and give them the power of expressing them. 8. To restore their courage to the lypemaniacal, to draw them from the sadness and moral abasement which overwhelms them. 9. Finally, to lead all the insane to their ordinary feelings and affections. We can fulfil these indications in two ways: passively, by isolation; and actively, by what I call *medical education*.

Separation from their friends, and the circumstances in which they are found, is almost indispensable in curing the insane. By such a separation things connected with the disease are thus withdrawn from the notice of the patient; moreover, strangers can manage them better; and new objects attract their attention, and take it from their delusions, &c. There are three modes of isolation—travelling, a house prepared for the individual alone, and a building for a number of the insane. Travelling is suitable only in convalescence, and in some varieties of melancholy bordering on hypochondriasis. A house prepared for one individual

solely, is inferior to a general establishment. At Salpêtrière, the female attendants are chosen from convalescent patients: this measure is very advantageous, from the greater interest taken by them in the patients; and from the knowledge which they have of the causes of their agitation and mental suffering, which they are thus enabled the better to alleviate. The duty of repressing disputes among the patients should fall to a subordinate officer. The physician and chief supervisor should seek to be loved and confided in by all. The very habit of repression would, in this particular officer, create a great influence and power over the patients as to the point in question. The power of the physician should be absolute. Persons employed in the institution should never be publicly reprimanded for any fault; for this leads the patients to disregard their directions. We should seek to gain the confidence of the patients by treating them with kindness; by persuading them that we wish them no evil, and that we have had no hand in confining them. It is very necessary to guard against deceiving them in the least degree. The only means of restraint at the Salpêtrière is the strait waistcoat. The tranquillizer of Rush, however, seems to be very useful in some cases: to repress a furious maniac, a large number of persons should surround him simultaneously, without hesitation or the least fear, or even a doubt that he will be able to resist. At the Salpêtrière, in such instances, a cloth is suddenly thrown around the head of the patient, which so confines him that he yields without resistance. Though we should employ kindness to calm and restrain the insane, when they do not wish to obey, it is necessary to use some measure of repression; if they commit reprehensible acts, they should be punished immediately. There are some who act knowingly and wilfully; a greater degree of rigour should be adopted with respect to these. For this purpose at present only humane means are employed. A change of habitation, a stay of some time in a grated court, the strait waistcoat, the donche, seclusion for many hours or a day in a lodge, are the only means used at the Salpêtrière. No blows or bad treatment are ever admitted. The insane will yield more readily to those of an opposite sex than to their own; this is essentially the case with female patients, arising principally from the fact that the idea of the opposite sex always affects an individual agreeably.

Medical Education.—The more simple the means of education are, and the more familiar to the insane person, and the less intellectual power they demand, the sooner can they be profitably employed. Manual labour, that of the field, and some objects of recreation, fulfil very nearly these conditions. The first principle here is, never to exercise the minds of the insane in the sense of their delirium. 2. Never to oppose directly their diseased ideas and feelings. It is not until reason has in a great measure returned, that we can with hopes of success seek to remove directly by reasoning the few false ideas which remain. 3. A consequence of the other two principles is, to fix their attention on objects foreign to their delusion, and to communicate to their minds new ideas and emotions by varied impressions. We have here as our endeavour—1. To occupy the mind of the patient with something else, and thus cause him to forget his irrational ideas. We produce this by manual and rural labour, objects of recreation, &c. 2. To counterbalance and dissipate, by the opposition of the new impressions, the ruling ideas: here is particularly referred to, the excitement of the passions.

3. To give means with which to combat the diseased fancies. Instead, for instance, of refusing a lunatic the character of king, which he pretends to possess, prove to him that he is without power; that you, who are anything but a king, have the control of him. Do not say to those having hallucinations that they hear nothing; but enter with them into the place whence proceed the voices; and often renew this expedient; though it does not often have much effect. With a lunatic who believes himself surrounded by his enemies, and who is frightened at everything, place an attendant day and night, and his fears will be removed.

4. To excite the cerebral action of the torpid, and of certain lypemaniacs, to move them powerfully, to break the chain of disordered ideas. Certain lively emotions sometimes act thus. I have often sought to make lunatics feel their situation, the quality of the clothing, their culpable indifference towards their parents. *Case.*—Miss M——. Torpid nearly a year; in a state of complete indifference respecting her own condition and that of her family; every morning, during about fifteen days, I excited her as referred to above with success, and convalescence declared itself in a short time. The means by which we attain the effects proposed under the above four heads consist, very nearly, in the conversation and counsels of the physician, the society of the convalescent insane, manual and rural labour, objects of recreation, the sight of parents or friends, in the diminution and then the cessation of isolation, and in travelling.

From his previous knowledge of a patient's past history, a physician may often at his first visit succeed in gaining great ascendancy over him, by talking in a prophetic tone as to the conduct of the individual; saying, for instance, "You have wicked designs, you seek to destroy yourself," &c. He will be astonished at these predictions, will ordinarily confess himself sick, which familiarizes him to the idea of being treated, and his confidence will be gained. I have seen the happiest results from acting upon their imagination. *Case.*—A young female; discharged well from the Salpêtrière, after a month returned with heavy heart, for a consultation respecting certain symptoms which she feared to be the prelude of a relapse; it was, in truth, thus that the disease had first come on. After having consoled her, M. Esquirol wrote down, "I answer for the cure of Miss ———." Convinced that he would not compromise his reputation, by so positive an assurance of that respecting which he was not certain, she regained hope, and from that time all the symptoms disappeared. The physician should not content himself with seeing the insane at one visit in the morning, but he ought to be constantly among them, to study the motives of their actions, the variations of their character, to reprove, to see that they executed the promises which they had made, to eat, to be tranquil, to labour, &c. Nothing is more favourable to accelerate a cure than *reunions* of the patients who are more or less convalescent; by reason of their having the interest in common of entering again the bosom of their families, &c. It happens not unfrequently, too, that one in a better state of mind will take pains with another, giving him hope and conversing with him; and this assistance is of such remarkable utility, that we ought, I think, in great part to attribute the little success which is met with from particular isolation merely to the fact that it is impossible to replace this aid in such a situation. The very melancholy, the despairing, those with a suicidal propensity, should never be placed together; they would seriously injure

each other ; they should be separated, and confided to others who are more gay.

A labour more corporeal than intellectual has been advised by all authors, and particularly by M. Pinel, as one of the principal means of treatment. This turns away the too fixed attention of a certain class of the insane ; it fixes, on the contrary, that of others, habituates the mind to form combinations, in the first instance simple ones, and thus combats the delusions without violence. At the Salpêtrière, the females knit and sew, they seek by every possible means to occupy them ; it is a condition imposed for obtaining favours, for being placed among the convalescents, to see the family, to go from the house, &c. ; very good effects are obtained from it. The men are furnished with means of labour, analogous to their previous mode of life. The cultivation of land and the exercise of certain trades fulfil perfectly the same object. Similar measures impossible with the higher classes, as they are unwilling to engage in them : it is necessary, then, to obviate this circumstance by occupations more analogous to their condition, such as games of skill, billiards, the ring, the exercise of acquired accomplishments, as singing, painting, playing on musical instruments. M. Esquirol has not obtained any good effects from plays and concerts, as means of abstraction (*distraction*). The first have often increased the delusions, and the second conveyed the idea that their misfortunes were made a matter of sport. I think, however, that in an advanced stage of convalescence, they agreeably recreate the mind and operate as a useful diversion. Reading should not be permitted until very late, and also requires discernment. We should take care that the patient should not find therein opinions and circumstances which may disquiet him and augment his delusions. We can sometimes permit the study of some branch of natural history ; for example, of botany. Every asylum should contain large gardens for promenading, that those who do not wish or are not able to labour, may at least walk about : the furious even, restrained with the strait waistcoat, ought to be permitted to go about freely, in separate enclosures ; nothing so much augments fury as forced repose. Now the body being thus fatigued and the mind more or less abstracted, repose for the night is induced. The rich find a powerful means of abstraction in travelling : I would counsel every person who is able, thus to consolidate his cure. The cessation of isolation by the visits of parents or friends offers, at the same time, a fit occasion for the production of very important impressions upon the patient. In general, we ought not to grant interviews unless the patients themselves desire it, and have requested it for some time. It is necessary, in order to guard against all hazard, to announce beforehand to the patient the day of the first visit, and the name of the persons whom he is to see. If he is rational, and is pleased without wishing to accompany them on their departure, they may make subsequent visits. These visits revive old feelings and hasten convalescence : but if patients do not ask to see their relations, an interview is not desirable. But in certain cases of protracted indifference, of moral insensibility, we can awaken by these means a lively feeling of surprise ; it is necessary, then, that the visit should be unexpected. In convalescence, we should never expose the patient to any sudden or lively emotions, his mind should not be fatigued by any very profound psychological combinations, or by an action too long kept up. When the faculties have been perfectly restored, a relapse should be guarded

against by carefully shunning all causative circumstances. The endeavour continually to demonstrate to the patient the error of his delusions by means of reasoning is wrong, and only tends to increase the disease.

II. Medical. The general principles of the expectant mode of practice, apply to the treatment of insanity. With the exception of a small number of cases, in which their salutary effects are indisputable, medicines serve but feebly to change or sensibly modify the succession of phenomena in disease; and the physician, playing the part of spectator, does much towards the cure, in removing the influences which have caused the disease, and the circumstances calculated to aggravate it, and he is fortunate if he succeeds in removing the obstacles which oppose its procedure to a favourable termination. According as the malady is uncomplicated, and regular in its progress, or the reverse, will be the indications. If its nature and course are changed and impeded through the agency of age, sex, idiosyncrasy, or some other modifying circumstance, it will be necessary to restore its proper characteristics, in order to obtain a cure. Sympathetic symptoms may also be presented, affecting the general economy, of sufficient importance to merit the attention of the physician. But in general, it is less by embarrassing the natural progress of the disease through the importune employment of medicines, more or less energetic, that we conduct most patients to recovery, than by the avoidance of all unfavourable influences, and by preventing the occurrence of things having a prejudicial tendency with respect to the disease. Above all, when there is no danger present, and no apprehension of its approach, we should carefully refrain from violently disturbing the succession of the periods which characterizes the disease. We ought then to make our practice expectant: by letting the whole system rest, and causing every function to cease which has any important connexion with the diseased organ, as, for instance, digestion and the operations of the mind; by satisfying pressing wants, as the thirst; by favouring the natural alvine, urinary, and transpiratory secretions, we give rise to the circumstances the most favourable to recovery, when often active remedies would but destroy.

On the other hand, when the malady follows a course incompatible with a cure, when it is encumbered by accidental circumstances, when there is too much or too little excitement, when a fatal termination announces itself, when the duration of the disease has passed its ordinary limits, and a chronic and incurable state is feared, then the physician should act, to establish order—to prevent fatal results. Maladies also which announce themselves from the commencement as very dangerous or mortal, permit the immediate employment of medical means (*perturbateurs*), guided always by reason and experience. Sympathetic symptoms may, too, by their intensity or locality, become prejudicial to the organ primitively affected and to the general economy, and thus sustain or even augment the principal disease; and though usually disappearing simultaneously with their cause, yet here they merit regard. The same affection will offer species or varieties, which may require a peculiar or even very different treatment.

This simple and favourable course of insanity has been described; we shall see this course disturbed or arrested by particular conditions of the diseased organ: some symptoms will call for special attention; finally,

many varieties will merit separate consideration. We shall establish the rules of treatment agreeable to this order.

The same general principles of hygiene apply to the insane, which hold good with respect to those affected by other diseases. I proceed to glance at a few things in which there is a difference. If a patient does not wish to eat, without being prompted to this feeling by the condition of his organs, but from the influence of erroneous moral motives, as the fear of being poisoned, not being able to swallow, or the intention of starving, persuasion, menaces, or punishment should be employed to induce him. If a furious patient, who has been shut up in a dark lodge, persists in wishing to go out, he should not be hindered for a long time; for he will become otherwise more indocile and violent. Experience proves that to the demented throwing off their clothing, on account, as they say, of their being stifled by the heat, it is better not to oppose; nevertheless, they should not be thus exposed to the winter's cold.

The Simple and Regular Course of Insanity.—The disease here runs, without obstacles, through its different periods successively, even to convalescence and recovery. The functions, more or less disturbed in their action, return by degrees to their previous condition. Nature calls for no succour from us, except, so to speak, that of a *passive* character, suitable to place the organism in a state to re-establish itself through its own powers alone, by removing the circumstances which would hinder this, by favouring the happy tendencies which are naturally in preparation, and, above all, not interrupting the repairing power by disturbing means.

In the *period of incubation* we can effectually combat the slow causes of insanity, which have not as yet disturbed the reason. It will suffice, in fact, mostly to cause their action to cease, from which the brain, as yet little altered, easily returns to its ordinary state. If you withdraw immediately a foreign substance which irritates the conjunctiva, you prevent ophthalmia, and the eye has scarcely been affected at all. Unite two lovers who cannot live separate, give peace to a female harassed in her household, repair injustice, restrain your wives and daughters, already too much inclined to fanaticism, from attending the discourses of violent preachers, and you will often prevent the development of madness, although the reason has already been somewhat affected.

Period of Excitement.—The heat, the muscular agitation—oftentimes even convulsive, here so frequent—clearly demonstrate nervous excitement. All the means employed, which tend to calm the disorder, are those entitled cooling and emollient. We should see that the patients do not receive too strong a light, which always agitates them. On this account it is advantageous to place them in summer towards the north. They should walk in the open air, but through umbrageous avenues. If we can, without too much compulsion, retain the furious in dark lodges, many hours of the day, they will experience good effects from it. The melancholy and the torpid should remain as long as possible out of their habitations, in order to be influenced by external objects, which would but too much excite the maniacal, but which arouse the torpid, and prevent the melancholy from brooding over their delusive ideas.

The hair, especially that of females, should be cut short: heat is thus lessened, applications to the head become more convenient; nutritive action is decreased and the vital action of the skin of the part; the hair, also, would otherwise become tangled, and give pain on being combed.

Patients who do not wish to keep on their bonnets or hats, ought not to be constrained to do so; they wish to expose the head to the fresh air.

The thirst is usually very intense: and patients should be given, in abundance, cooling and acidulated or mucilaginous drinks, according to their taste and their constitution, such as orgeat, lemonade, *emulsion*, all sorts of cooling syrups, or a decoction of barley, either simple, acidulated, or tartarized, gum-water, &c. Those who fear being poisoned, desire water merely, and will not refuse it; it may be sweetened and a little vinegar added. It is necessary to see that the insane have drink at night; at the Salpêtrière, persons go many times during the night to be satisfied on this head. In the summer they should be given a profusion of aqueous and acidulous fruits, as gooseberries, cherries, grapes; these satisfy both the palate and stomach. At this period, they should not partake of wine or strong beer; they can be given only, at meal-time, water reddened with a little wine.

Warm baths form one of the fundamental bases of treatment at the Salpêtrière. All the females in whom there is no contra-indication take one many times weekly, or even every day, according to the necessity. They are a longer or shorter time in the bath on each occasion, according to the extent of the effects which it is wished to produce, and the capacity for bearing them. The vigorous, those very much agitated, of whatsoever class, whether maniacs, monomaniacs, or the torpid, take a bath every day, and are as long as possible in it, from half an hour to one or two hours or more. Those, on the contrary, who are feeble, with a narrow chest, the apoplectic, are bathed more rarely and during a shorter time. Sometimes even baths cannot be employed without provoking suffocation, spitting blood, or the tendency to apoplexy; they should then be left off entirely. They tend powerfully to diminish the general excitement, to calm the nervous organs, to dissipate the state of tension, the agitation, and the exaltation of the muscular power; they restore freshness to the arid skins of certain melancholics; also as a means of cleanliness they are very useful, often essential.

We must pay particular attention to guard against constipation; and, as the insane do not easily give an account of their situation, the attendants should make themselves certain whether or not they have gone to stool; the physician may ascertain the position of the descending colon, by feeling the abdomen in the flank and in the left iliac fossa. If cooling and emollient drinks are not sufficient to prevent this intestinal state, we may cause a moderate looseness with cremor-tartar water, tamarinds, preserves, &c. We should make use, at the same time, of injections simply emollient. This is a secondary evil merely, and only requires palliation, as it disappears along with the principal.

It is with these simple, mild means, or others analogous to them, that we should treat the period of excitement in insanity, when its course is regular, and does not present special indications.

As reason is almost as precious as existence, we may attempt to conquer the disease by extreme or empirical means, but only after having vainly essayed others, and when our limited knowledge prevents us from comprehending the true nature of the disease. One of these means is bleeding. As to this remedy, there are many reasons for excluding its employment during the period of excitement. Even if the patient does not sleep, narcotics also should be excluded at this stage of the disease. There are often present in the commencement of insanity gastric symp-

toms, such as want of appetite, furred tongue, &c. We should here not employ emetics or other disturbing means; do not disturb the course of nature, calm the thirst with abundant drinks, diminish the cerebral irritation, and the alimentary canal will shortly regain the exercise of its functions. Purgatives are here not called for any more than emetics. With females, the menses are generally suppressed; they will almost always be re-established with the return of the general health, and therefore we need not employ means for their restoration, except when obstinately suppressed, of which condition we shall hereafter treat. External excitants, such as vesicatories, setons, cauteries, sinapisms, &c., do not suit here. Later they are of great utility, but it is when we no longer fear to establish new centres of excitement, capable of augmenting the original source. Cold baths, cold applications to the head, and the *douche* should never be used in the period of excitement. I am entirely convinced that the *douche* should not be used in any case, except as a means of repression, and to act morally. M. Pinel has already advised the reduction of the column of water to a thread, simply to sprinkle the head. At the Salpêtrière few of the females receive it, and only during some seconds, or two or three minutes. Even M. Esquirol has been by degrees convinced that this means has never produced marked good effects. I have seen it administered during three quarters of an hour in a hospital of Provence; and one patient there took it for nine hours, after which the disease was pronounced incurable. One died from it at Charenton, and two others scarcely escaped the same fate. The *douche* causes incurability in many cases by disorganizing the brain. It should be proscribed entirely as a medical means, to be replaced, where it might be suitable, by lotions and affusions, which would at least be harmless. The bath of surprise and the rotary machine used at Berlin, are among those violent means which might possibly be sometimes advantageous, but whose use is attended with the hazard of rendering the patient worse or making him incurable. I shall not even treat of asphyxia from submersion or hanging, falls from a height, trepanning and castration, which have been proposed as remedies; for they are wholly ridiculous. I pass on to the consideration of the irregularities of madness. All the cases which I have been able to observe, which, deviating from the simple and regular course of the disease, call on this account for peculiar measures, in order to meet the indications, may be included under the physical states designated as follows:—1. General Plethora. 2. Debility—Atony, &c.

1. This condition is not rare in the insane: sometimes it occurs from the suppression of a hemorrhage, which is not renewed again. The young, vigorous, and naturally sanguineous, and females bordering upon the critical period of life, are more particularly disposed to it; patients, also, who are indifferent about their situation. It is recognised by a fullness and frequency of the pulse, by lassitude, and a feeling of weight in all parts; the superficial veins are swollen and the capillary vessels injected. Sometimes nasal hemorrhages occur, oppressed breathing, or spitting of blood. The nervous energy and turbulence are diminished, and the patient is altogether sluggish in his deportment. The curative indication is evidently a diminution of the mass of the blood. The quantity drawn once or twice varies according to circumstances, which the physician easily appreciates. The stamina and the age must be considered; and the advisableness of a second or third bleeding will be

judged by the effects of the first. The menstrual flow, if suppressed, must be substituted by small bleedings more or less frequent. In cases of suppressed hemorrhage, the bleeding should be of a nature to favour the flow of blood in that direction : thus, leeches to the thighs and opening the veins of the foot are most suitable in menstrual suppression. If, however, the patient is unruly, and does not relish this, we must resort to the arm. Warm baths during this state should be suspended, as occasioning difficulty of respiration and other bad symptoms. The diet of patients in whom much blood is easily formed should be of aliments which have little nourishment, with very aqueous vegetables. The bowels should be kept open by a plentiful supply of aqueous and slightly laxative drinks. Exercise and labour should replace a slothful demeanour.

2. This state is characterized by general feebleness, pallor, and lean-ness, the pulse being feeble, or small and frequent. In spite of these, there may exist more or less violent raving. In most cases there is a complete stupidity, or a loquacity which approaches dementia. It arises under two different circumstances. Sometimes it dates from the commencement of insanity, and even precedes it. This is the disease of those becoming deranged from want of food. Austere and long-continued fasting produces the same result. At other times it is secondary, and proceeds from bad treatment, or the abuse of debilitating means, as bleeding or purgatives, or from obstinacy in the refusal of nourishment, or from excessive masturbation. The custom in some of the provincial hospitals, of immuring the furious in damp and noisome dungeons, causes them soon to lose their health. The indications are, plainly, to give tone to the organs, to strengthen and nourish the general economy, and to remove the causes. Above all, we should pay strict attention to the re-establishment of the digestive functions. When, from exhaustion, at the Salpêtrière, they take a bath for cleanliness, of short duration, on account of their feebleness ; they then give them acidulated ptisans. In a few days the appetite returns, they eat of food much more nourishing than that to which they have been accustomed, and by degrees their health is restored. Cases from too much bleeding are restored with difficulty. They should partake, as much as their stomach will bear, of a nourishing and abundant regimen. Tonics should be given : the oxyde of iron and chalybeate waters are of great utility. Those addicted to masturbation are with difficulty corrected of the habit, being but little alive to moral influences. The strait waistcoat serves usefully for men, but females (who, especially, deliver themselves up to it with incredible fury) are not thus prevented. The irritation of the genitalia should be calmed by warm baths, aqueous drinks, mild regimen, &c. Above all, they should be made to promenade, and should be never left alone, or with some odious accomplice. When a patient weakens from the obstinate refusal of food, and after every moral influence has been fruitlessly employed, we should force him to take aliment. They can easily be made to open the mouth by pressing on the parotids, on account of the consequent pain. If he still refuses to swallow, a gum-elastic sound should be introduced into the œsophagus, by which broth, milk, wine, &c., may be injected. At the same time similar clysters may be given, and even baths, if his fortune permits this.

3. *Active Cerebral Congestion.*—It is the continuation of this state of the brain for many months after the commencement of the insanity, to

which reference is here made. It is characterized by the injection of the capillaries of the face, the eyes, and even the skin of the head; by the enlargement of the veins of the neck; by very strong pulsation of the carotids; this being much stronger than that at the wrist. With these symptoms, they eat and go about perfectly well; only they do not sleep. This state manifests itself equally in both monomaniacs, lypemaniacs, the maniacal and the torpid. It may remain for months and years, and may even pass into dementia. The indication here is, to combat the too great determination of blood to the head. The curative means consist of derivatives combined with refrigerant applications to the head. The full warm bath, at least for a time, should be given up, as favouring the symptoms. When, by the use of proper means, the cerebral irritation is diminished, we can resume them, taking care to apply simultaneously to the head compresses or sponges soaked in cold water; also of equal utility is the rose douche. Many patients, to lessen the heat, hold their head in water, or under the open spout of the fountain. The alimentary canal should be irritated with repeated purgatives, during ten, fifteen, or twenty days; not by drastics, but cathartics. One or two grains of tartar-emetic in a vehicle of barley-water, or whey, is very suitable; it acts at first upon the stomach as a nauseant, and continues its action upon the rest of the canal. Calomel has the advantage of acting at the same time as a vermifuge; but it has the inconvenience of sometimes very powerfully exciting salivation. Hip baths are preferable to the entire: sinapised pediluvia are also very useful. Whilst the patient has half his body or his feet in the warm water, cold applications should be made to his head. These means should be continued some time, as the malady is of long duration. If the subject is young and strong, we may draw blood from the inferior parts, either by opening a vein of the foot, or by applying leeches to the legs, to the thighs, or to the anus in men, or to the vulva in women whose menses are suppressed. In some cases they may be placed on the neck. The diet must be mild and aqueous. If the cerebral irritation persists after these means have been employed some time, one or more vesicatories should be applied to the arms or legs, more rarely to the nucha.

4. *Inflammatory State of the Brain.*—This condition is not inflammation exactly, but something approaching to it; it seems, indeed, but a degree of the form of the disease last treated of. Besides the symptoms of cerebral congestion, the following are also presented: a feeling of tension in the external or interior parts of the head, sometimes pain; an eruption of pimples, of erysipelatous spots, eruptions, sweating behind the ears, on the temples, and on the forehead. The eyes are sparkling, injected, fixed or convulsive, and wandering. The patient suffers, which, if not evinced by complaint, is sufficiently indicated by the countenance, and the sometimes contracted features. The pulse is harder and more compressed than in cerebral congestion, there is ordinarily much thirst, and often constipation. All these symptoms are rarely found in union in the same individual; the physician will judge of their value, whether isolated or united in the same person in a greater or less number, being, indeed, rarely found all present. The curative indications are the same as those of cerebral congestion, but the brain demands more special care. Moreover, repellents do not suit; they may augment the evil, or make it take a bad direction. It is necessary to unload the cerebral vessels by leeches and cups to the neck, behind the ears, to the temples or

the nucha; bleeding from the temporal artery or jugular vein, if not opposed too much by the patient, promises to be extremely useful. Derivative bleedings from the lower limbs will also be advantageous. General tepid baths, hip baths, and sinapised pediluvia, will be employed according to the necessity. Instead of cold applications to the head, those of an emollient nature will be suitable, to calm the inflammatory irritation, and diminish the painful sensation of the parts; laxative or purgative drinks will be given to excite the intestinal secretions, and act revulsively. Finally, in view of the same end, external excitants should be applied.

5. *Torpor*.—When torpor is very slight, it goes through its periods regularly, and proceeds in a few months to convalescence. The means alone indicated for the period of excitement suffice in aiding the salutary operations, unless signs of congestion or other symptoms should be present calling for measures suitable to their removal. But when the disease is of a worse nature, when it persists unchanged for the better, after four or five months, without energetic means, incurability would be the inevitable result. The curative indication consists in creating a strong excitation to re-establish the vital forces, and recall their energy. The means which I have employed with most success are external excitants, applied to the seat of the disease, especially to the nucha. We should commence by a vesicatory or a seton, and if they produce no good effects, we should resort to the deep application of a moxa: if good effects result, there will be perceptible in a few days the manifestation of a sort of general fever, and in fifteen or twenty days convalescence will be established. A second or third application should be tried if necessary, and the cranium should be more nearly approached. I have seen such good effects from this measure, that I do not hesitate to recommend it in the most hopeless cases. Vomits repeated many times, at some days' interval, may be employed as auxiliaries. The douche has sometimes aroused for an instant, but only during the time of its action.

6. *Irritability. Nervous Susceptibility*.—In this variety of disease, there are no signs of congestion or inflammation: the patients are, in general, meagre. The skin loses its freshness; that of the visage is dry, pale, yellowish, or as though tanned. They are very sensible to the action of external excitants, of cold, for instance; the least uneasiness is sensibly felt, and thus sad ideas, despair, and the fear of never being cured, are easily produced. The alimentary canal often exhibits disorders, such as want of appetite, colic, heat of stomach, and obstinate constipation. The patients do not know what position to take, nor in what place to go; everything causes them pain and suffering. Sleeplessness is obstinate. This condition is most common in lypemaniacs, individuals impelled by suicidal feelings, and those affected with the spleen of the English. After having vainly tried the means indicated for the period of excitement in general, the best treatment consists in determining a brisk intestinal irritation, and above all to the large intestines, at the same time that, by the administration of sedatives, we endeavour to prevent the consequences of local action, and diminish the excess of cerebral sensibility. The first part of this method formed the medical treatment almost exclusively of the ancients, in melancholy. They sent their patients to take hellebore at Anticyra. But the circumstances which accompanied the administration of the remedy were far more efficacious than the remedy itself; the voyage, the different new objects,

the confidence with which the name of the place inspired the patient, all these were well calculated to ensure the success of the one means. Among purgatives we should choose drastics, such as the resin of jalap, aloes, hellebore, colocynth; they should be given in the form most suitable to the patient; with the resin of jalap a most agreeable emulsion may be formed; castor oil may also be given, in the dose of one or two ounces, in a similar preparation. They use with much advantage at the Salpêtrière the purgative of Weisse in whey. They continue it every morning during ten, fifteen, twenty days or more, ceasing, however, from time to time, many days, if too much uneasiness is produced. Abundant serous evacuations are caused, which soon enfeeble the whole economy and diminish the cerebral action. The patients, from their attention being strongly fixed on the operations in the abdomen, forget their other sufferings. Every evening they are made to take sedatives; the extract of hyoscyamus appears to me preferable to the preparations of opium, as being less provocative of cerebral congestion. The water of orange flowers, in the dose of many ounces with an equal quantity of water, and with sugar, produces excellent effects; as a pisan, and at the same time a purgative, should be given a laxative drink, and the rest of the day an infusion of linden flowers, of orange leaves, &c. Tepid baths should be more rare. External excitants augment the irritable state, and only act revulsively by occupying the attention of the patient. The effects of this treatment, when successful, are more or less prompt. The following is an instance illustrating the practice in point. *Case*.—Mrs. G., aged 37 years, entered the Salpêtrière 1819, in a state of melancholy, with a suicidal propensity, the consequence of violent grief. For three months the means indicated for the period of excitement were employed with little resulting change. At this period the patient was in the following condition: meagre, with contracted features, a dark complexion, pains in the head, colic of the stomach, and obstinate constipation; very sensible to cold; always complaining at the least uneasiness or inconvenience. A blister was applied to the neck: she felt severe pain in the neck, head, and shoulders, and was so much affected by it, that it had to be left off. She then took every morning for some days castor oil, and afterwards in whey the purgative of Weisse, and in the evening a potion rendered sedative by the syrup of poppies or simply orange flower water in a large dose. In the space of thirty-five days, during which this treatment continued, her health was re-established completely.

7. *Tendency to Incurability*—When all the curative indications have been fulfilled, with or without success, or all diseased action consists merely in delusions and watchfulness, there are no positive rules of treatment. We can then act empirically, being the less circumspect, as the chance of cure is small; and the douche, baths of surprise, and similar disturbing means, may be employed empirically, provided that life is not compromised.

8. *Tendency to Dementia*.—I go to treat here of acute rather than chronic dementia. And I allude more particularly to two modes of alteration, which appear to me to coincide with dementia. Sometimes feebleness of the functions, which are more or less under the immediate influence of the brain, results in a sort of nervous collapse; the patients are then pale, indolent, and sleepy; the pupils often dilated, more or less fixed and motionless; at other times, this condition is accompanied by

cerebral irritation; the patient appears tranquil, but does not sleep; the throbbing of the carotids is frequent and hard; there occurs sometimes in the evening heat and redness of the cheeks and scalp. These patients are rarely cured. In the collapsed state, it is requisite to aid the vital forces, and at the same time to stimulate strongly the action of the brain by tonics and external excitants, and to leave off all debilitating means, as tepid baths, aqueous drinks, &c. In the other mode of alteration, particular recourse should be had to derivatives, whether they act upon the skin or upon the digestive canal; it also sometimes answers to make use of local bleeding by leeches. In the first kind of cases strengthening or exciting substances should be given internally, such as bark, aromatics, bitters; musk united with the extract of bark, and the preparations of the oxyde of iron, produce sometimes sufficiently good effects. Blisters or moxas to the nucha, or even to the scalp. The patient should be placed in the fresh air and in the sunshine. He should be rubbed and made to lie upon aromatic plants; the regimen should be of a tonic nature. In the second order of cases, external excitants are to be applied, but in order to act revulsively upon the cerebral irritation, and not to stimulate the organ; at the same time the alimentary canal is to be irritated by purgatives. Sinapised pediluvia may be useful. I have seen few good results from the above treatment, however, and we are to regard it rather as theoretical than practical.

9. *Puerperal Madness*.—It is here, in general, suitable to excite the cutaneous or intestinal secretions and to replace those which are suppressed, or which, being but transient, should cease by degrees to exist. This should be done in the commencement of the disease, instead of following the rules prescribed for the period of excitement. They should be given every day purgative and sudorific drinks, and purgative injections; M. Esquirol employed, with much advantage, a clyster composed of milk and sugar; from it result abundant stools without too much irritation of the large intestines. Tepid baths are suitable here, as promoting cleanliness. After twenty-five or thirty days, we should establish an exutory; one or two blisters to the arm are preferable, or to the nucha and to the back, if there be no signs of cerebral congestion. Attention must be paid to the breasts; if they are hard and painful, we should envelop them in emollient cataplasms; and later, when they have become soft, and give rise to pain no longer, resolution should be accomplished by exciting frictions made with a flannel impregnated with the ammoniacal or other liniment. An abscess, if formed, should be opened according to the rules of art. These places are sometimes very painful; they should then be spread with opiated cerate. But when the period of excitement has passed, and when, in spite of the employment of these means, the madness persists, regard should be paid to the indications which present themselves, and they are fulfilled as in other cases. Females who become mad each time that they make children, should abstain from this work, if they wish to prevent the certain consequences.

10. *Intermittent and Remittent Madness*.—It is only when the remissions are very marked, appearing at short intervals, that I have employed with success bark and some other tonics, bitter or aromatic, given in the interval of the attacks, and a little before the return of the symptoms; they ought to be continued some time after the presumed period of return. We can try here most of the means advised in intermittent diseases in general.

11. *Serious Symptoms.*—The brain is often affected so as to offer severe symptoms, either in itself or in other organs, either in the first portion of the disease, or latterly. For instance, there may be, as to the early symptoms alluded to, convulsions; sometimes there are many appearances of a decided fever, as feebleness, loss of appetite, dry mouth, vomiting, &c.; but in general, these occurrences are not dangerous, and disappear after many hours' or days' existence, by diet, repose, and the employment of diluting, aqueous drinks, or of some other means indicated by circumstances. The important symptoms occurring in the later period I proceed immediately to discuss.

We now consider the progress of madness towards convalescence, or in its decline. Frequently, with the termination of the disease of the brain, morbid symptoms cease throughout the system. But it sometimes happens that convalescence does not proceed thus; in many instances it is slow; the brain retains something of its previous condition, or presents new phenomena, or even sympathetic symptoms, as if by morbid habit or the force of inertia. We should here give aid according to the indication. In general, the symptoms are very different from the primary ones; thus, the irritable will become plethoric, the torpid very irritable, &c. The principal derangements under this head which we have observed will now be discussed.

1. *Atony, General or Special.*—To the general state of tension, succeeds sometimes a depression, an extreme feebleness in the organs; the patients are pale and bloated, presenting swelling of the legs and feet; they like but to repose, they have no courage to do anything; their limbs weaken at the least exercise; their ideas, although sane, are rare and feeble, their answers slow; there is, perhaps, a commencement of paralysis, announced by the embarrassment in speech and formation; digestion is laborious, there is a want of appetite, colic of the stomach, sometimes looseness; they sleep much. We should here cease the warm bath; but should have recourse to tonics and aromatics. Red wine of Bourdeaux or Burgundy, bark, canella, orange leaves, ferruginous preparations, should be given in different forms. The antiscorbutic wine or syrup, and the wine of wormwood, are often useful. In cerebral atony, a vesicatory to the nucha may have the power of arousing the spent strength. If the patients are sent to breathe the fresh air of the country, or to make a journey, they will draw from this great advantage. We may also strengthen the nervous system by employing, in summer, sea-baths, or those of running water; aromatic baths produce also the same effect.

2. *Sleeplessness. Irritability.*—Sleeplessness is not unfrequently found as a symptom succeeding delusions, and persisting a long time after them: visions hinder sleep, and causeless fears agitate the patients. Watchfulness is a more important symptom here than at any other period; the patients are themselves uneasy, fearing a relapse; they become irritable, and have the headache. We must here *force* the brain to resume its ancient functions. Warm baths are useful. The muscular system should be fatigued by exercise. Sedative drinks should be employed, as water of orange flowers, preparations of opium and hyoscyamus. A vesicatory to the arm may be useful as a physical revulsive, and especially as occupying the restless disposition of the patient; of the headache I will treat directly.

3. It happens sometimes that the return of health is marked by excessive sanguification. The sudden calm gives rise to an excessive

sanguification, as great proportionably as it had been previously slight. These patients are in general sluggish, and sleep much: they complain of weight about the head, and of palpitations; sometimes their sleep is troubled by disagreeable dreams, interrupted by sudden starts; and the signs of general plethora are present. These patients should be placed on an aqueous and slightly nourishing diet; we should recommend much exercise; mild laxatives must be given to keep the bowels open. Cautious bloodletting must be employed: the plethora may be only temporary, being the mere result of the sudden calm; and it is only when it persists and increases that blood must be drawn. If menstrual suppression persists, our first care should be to recall this secretion.

4. *Constipation*.—This sometimes incommodes patients even during convalescence; the large intestines, sluggish, and little excitable, retain a long time the fecal matters, and, by absorbing their humidity, convert them into small balls more or less hard. From this there results uneasiness, heat in the parts, and sharp pains at each stool. This condition is to be remedied by giving tone to the intestine by means of tonic injections, as cold water; and by exciting its action by irritating or purgative clysters; we may resort in some cases to drastics, employed in small doses. I have rarely seen constipation very obstinate.

5. *Headache*.—The passage to convalescence rarely takes place without this phenomenon. In most cases, it disappears spontaneously from repose, or by the aid of simple means, mild sedatives, as the infusion of linden flowers and that of galium verum, of water of orange flowers, of pediluvia, simple or sinapised, and of warm baths. But sometimes, when persistent, notwithstanding the entire re-establishment of all the functions, it should engage our attention. When external, leeches to the seat of the pain oftentimes causes it to disappear at once; if the pains are renewed, the same means are to be used, simultaneously employing foot or hip baths, which exert a derivative influence. Internal headache is more dangerous, as occurring at the source of the disease. Besides the derivatives which I proceed to mention, if there be signs of congestion towards the head, leeches or cups should be applied to the temples, to the neck, or behind the ears; the intesunal canal may be irritated by saline purgatives, and we may calm the pains by some preparation of opium. Finally, in case of no success, we should place a blister or even a seton in the neck. Periodical cephalalgia has been successfully combated with bark. Drs. Royster and Fowler, of England, have praised much, in like cases, arsenical preparations.

6. *Suppression of the Menses*.—Although the cause of menstrual suppression may have disappeared, yet the uterus seems sometimes to have got into the habit, as it were, of not performing the function in point. The excitants of the uterine system are to be used here, such as saffron, motherwort, &c.; or derivatives, such as sinapised pediluvia, hip baths, bleeding from the foot; or better still, leeches to the vulva. These sanguineous evacuations ward off plethora, whilst they direct the blood into the proper direction. The methodical employment of these means should be thus: if the suppression does not date but a few months back, we should learn the period of the expected flow; in the contrary case, we should act at hazard, or after some indication more or less pressing, and each month they are to be renewed until a reappearance. Pediluvia or hip baths should always precede six or eight days the application of leeches.

I proceed to describe the treatment of relapses, and the mode of guarding against them.

Persons who have been insane should particularly avoid the causes of the disease, or should be placed at least in a situation proper to attenuate their effects. Marriage has been proposed as a prophylactic; it may do for those who have been deranged from love, as satisfying this passion. With respect to all other considerations, I do not think it useful, but it may be dangerous, as constituting a source of vexations; and childbirth is a predisposing circumstance with many females. We must consider, too, that the germ of madness may be given to a whole generation. In such persons the least physical sign of the return of the disease should claim the strictest attention, particularly if analogous to those preceding the first invasion, such as weight, pains in the head, &c. Simple derivatives, sinapised pediluvia, entire, or hip baths, some laxatives, as the water of Seltz or Seidlitz, should be then made use of. An issue on the arm is an excellent means of establishing an irritation which preserves the brain from a similar condition. If the signs of cerebral congestion persist, we must not hesitate in drawing blood, especially if in females the menses become less abundant. In this case, leeches must be applied to the vulva immediately after the cessation of the flow. In men the same operation to the anus produces excellent effects. If we are called in time to prevent an imminent renewal of the disease, besides the means which have been indicated, we should try a strong derivation to the intestinal canal, by means of purgatives, with an impressive action on the stomach, by vomits repeated many times at slight intervals.

At the Salpêtrière all the patients have a certain quantity of wine every day; to the feeble, many ounces of a tonic medicinal sort are given.

At Charenton, in winter, the paralytic sleep in long osier boxes, reaching to the neck and filled with straw.

In an article written by M. Georget for the Dictionary of Sciences, on the same subject, as the work which we have translated above, little difference is found as to the treatment given. We, however, cull from it a few sentences worthy, perhaps, of special notice.

In general, we must consider the insane as still possessing consciousness, conscience, and memory, and as being more or less accessible to impressions having some relation with the passions; in one word, the thoughts of most of the insane are false, but not extinguished.

Daquin, Pinel, and Esquirol are strongly opposed in their writings and practice to the use of empiric and barbarous means. Since the impulse given by these physicians, lunatics have not been so much bled; cold baths are rarely employed; baths of surprise, submersion, and blows have been proscribed; purgatives and douches are employed with discretion; in one word, the disturbing method has been replaced by a wise expectation, especially in cases in which there is no indication for acting. But perhaps another excess has been sometimes produced; perhaps the system has been often left to itself, and the natural progress of the disease depended on, so as to lead to a fatal termination. Has not the commencement of mania or of acute melancholy degenerated into an incurable state, which would have yielded promptly to active treatment? Nevertheless, it must be acknowledged, in the actual state

of science, that the physician often meets with cases of alienation, without any precise therapeutic indication; which obliges him either to do nothing, or to blindly employ some of the means advised by authors as sorts of specifics.—We observe many of the insane in whom the nutritive and generative functions are perfectly regular, in whom the circulation and heat of the head are in a natural state, who feel no pain; they are irrational, and this is all of apparent disease. What is the nature of the cerebral affection? and what indication to be fulfilled? The physician who doubts the errors of empiricism looks almost always, in these cases, to time and the employment of moral means.

WILLIS.

A TREATISE ON MENTAL DERANGEMENT. By Francis Willis, M.D.,
Fellow of the Royal College of Physicians. 1823.

1. *High State*.—Success of his relatives in cure of mental disorders, has greatly arisen from their decided conviction of danger of lancet, and from thorough reliance on salutary expediency of a very different practice, in those especial cases of delirium and derangement *cum febre*, which are subjects of present treatise. From case of a young lady thus cured, given elsewhere in our compilation (v. Burrows, p. 238), deduces conclusion, that tonics should be prescribed, in cases of delirium, and that medicines tending to enervate the patient should be avoided. A greater or less quantity of tonic medicines than were here given may be required; musk, in large doses, sometimes necessary to secure life of patient in similar cases. See, at least, that the stimulus, which many are so afraid to produce by prescribing bark and wine, gave the constitution, on this occasion, its proper tone and power. Instead of agitation or violence being thus created, sleep was the result; proving that, however dangerous these remedies may appear in theory, they are found to be far otherwise in practice. The medicines applicable to save life of patient advanced in delirium, alike useful (though in less quantity in this state of derangement), to prevent him from falling into delirium. Wine, bark, and musk, therefore, with the addition of henbane, hemlock, tartar emetic, and foxglove, may all or each of them, be given, in both states, to allay the irritability which happens to belong to either. If irritability proceed from a weak state of the constitution, occasioned by bloodletting, puerperal fevers, or typhus; bark, provided bowels open, of the greatest service. In proportion to quickness of pulse, and increase of heat and irritability, the more is this medicine requisite. Hemlock, henbane, tartar emetic, digitalis, or spiritus mindereri, require caution in administration, lest they be given too often and in too large doses, without due attention to their effects. Purposely omits to mention opium, because, as confining the bowels, and frequently producing watchfulness, does not think it a desirable narcotic. As to general health, shall only remark, that a combination of medicines, capable of acting mildly upon the whole system, and taken regularly two or three times a day for a considerable time, in addition to the use of baths, pediluvia, exercise, &c., as the case may require, very efficacious in altering morbid state of constitution, and in restoring its natural and healthy condition. Supposing bodily health improved: with respect to mental dis-

order, first indication, sound and refreshing sleep; and next, having thus restored tone of nerves, to draw attention from subject of delusions. Narcotics, with such bodily exercise as is calculated to produce a pleasant fatigue, most appropriate remedies to accomplish first object. As to second, what is better calculated than an emetic? His experience leads him to agree with Dr. Monro, Cox, and Mr. Hill, both as to their advantage and safety. Conceives some cases could not be cured without them. In many of those from which opinion drawn, pulse 100, and patient's appearance similar (full habit, &c.) to that described by Dr. Haslam (in which paralysis was produced). Bloodletting, however, did not precede the emetic, and some mulled wine was given after the operation. A blister at a distance from the head, by the irritation it produces, and by other effects also, is one of those very serviceable remedies which may be recommended to accomplish our second object. Although has considered method of treatment under four heads, does not mean that we are strictly to confine ourselves to rules or advice contained therein in every case indiscriminately. Does not contend that wine and bark are always to be given in the first instance; that an emetic is never to be prescribed until the bodily health is restored; or that blood is on no account whatever to be taken away. May be cases of this disorder in which bloodletting may be required, and prove serviceable; but such believes to be very rare. To give wine and bark when the stomach and bowels are loaded and confined, would, doubtless, be injurious. Emetics and purgatives would at this time be the most necessary and useful remedies. But where we think it necessary to employ such means as have any tendency to weaken or lower the system, should do it with caution. A patient of fortune and education will require greater nicety in our moral treatment of him than the poor and illiterate, yet firmness in physician equally requisite as to both. Great point to obtain good-will of patient, whatever be his condition, by kind and soothing treatment; preserving, at same time, such command over him, as may be necessary to his ultimate cure. If strict control required, must exercise it, however displeasing to patient, and unpleasant to our own feelings, regardless of blame of ignorant. Attempts at cure vain, if will of disordered patient or opinions of friends consulted in preference to our own practical knowledge, in determining whether he shall walk, take his medicines, or conform to our directions. Happy would it be, if indulgence alone would prevail: fears this will generally be found to promote rather than lessen violence of disease. Those reprobating strait waistcoat as needlessly severe, if experienced, would commend it as kindest and most benevolent mode of restraint. Alarms and subdues the spirit, and necessarily produces rest; creates perspiration, so requisite in these cases. *Case.*—Exhibiting efficacy of strait waistcoat, combined with a tonic plan of treatment. Out of health for some time, anxious from business, gradually lost his natural rest, and becoming incoherent in language and conduct. Found him in great agitation, incapable of sitting still, passing from room to room, holding conversations with persons whom he imagined to be present. Amongst other things, fancied that a group of people were dancing under the grate, insects crawling upon his clothes, &c. Acknowledged improbability, but still convinced of fact. Pulse 96; skin hot, face and eyes suffused with blood, pupils dilated, and upper eyelids much elevated. Bowels had been acted upon by medicine, and had been without sleep for three nights. A draught of

decoction of bark and camphor mixture every three hours. Grew more irritable, passed a very unquiet night, and in the morning showed a disposition to be violent, threatening to jump out of window, unless permitted to leave his room. Waistcoat put on and confined to bed; slept for four hours, motions being thus controlled; on awakening very clamorous, but on continuing medicine, went to sleep again, had a very good night, and awoke calm and collected, observing he had been under strange delusions. Advised to remain in bed, to take two grains of calomel, and continue the medicine three times that day. On the following morning, having passed a second good night, pulse 68, skin cool, countenance natural, and language and conduct so perfectly consistent, that attendance became unnecessary. Nevertheless, by own desire, took the medicine a few days longer, and remains quite well.

Low State.—In treating of cure of high, enumerated many remedies and applications equally useful in low state. As in that, first object to procure sleep; attention should then be directed to the indigestion, which has doubtless taken place. Bark, so useful and necessary to allay irritation in high state, might, by loading stomach and confining bowels, increase distressing symptoms of indigestion in low state. Emetics and purgatives in first instance mostly required, which should be followed by medicines that tend to restore tone of stomach, and other abdominal viscera, such as mild alteratives, tonics, and cordials. Principle and remedy advised by M. Daubenton, for cure of indigestion, to stimulate stomach by ipecacuanha, in small doses, to detach the glairy and viscid matter from its coats, without exciting vomiting or nausea, would, if early adopted, most probably prevent disease from assuming its decided form; but, being once suffered to take place, often requires large doses to produce any sensible effect, proving, either that there is an accumulation of phlegm in the stomach, or that its natural sensibility is much diminished. Twenty grains of ipecac. frequently fail to excite vomiting; in some cases do not even create nausea; in these, therefore, cannot expect much benefit from one or two grains. When the stomach is thoroughly cleared by an emetic, small doses prove advantageous.

In majority of cases, a plain and regular course of living, with a due attention to moderation, will be found essential to their cure. Patients, who have been accustomed to wine, ought not to be wholly debarred from it, though in every case it is not required. Those much troubled with the symptoms of indigestion should abstain from vegetables and too much liquid. When exhaustion is apprehended from violence, or a more gradual decay from a determination in the patient to starve himself, the most nutritious food, as strong beef tea or gravy soup, is proper to be administered; in the former case, wine and porter may be advantageously given.

CHAPMAN.

ELEMENTS OF THERAPEUTICS, &c. By N. Chapman, M.D., Professor of Institutes, &c., in the University of Pennsylvania. Fifth Edition.

As a remedy in mania, blisters have been generally extolled. To be serviceable, require great discrimination. Directed too early, or while

much vascular action exists, they invariably do harm. But the system being reduced by copious evacuations, they are well calculated to subdue turbulence, and equalize excitement. It is common to place them on the head, and here perhaps they are most effectual, though, while drawing, have uniformly found that they increase the disease. If, therefore, such an exacerbation is to be deprecated, it will be prudent to apply them to the limbs; and also in melancholia, and other weak forms of the disease, where desirable to arouse the system out of its torpor by vigorous stimulation.

Of the utility of carbonate of ammonia in mania, has little to offer from his knowledge, though its efficacy is well attested. As a cordial stimulant, it may be serviceable in melancholia and in the low shapes of the other form of the disease. But cannot perceive distinctly the indications it is calculated to meet as mania ordinarily appears.

Camphor, in the various forms of mania, has for a long time been a favourite remedy, though the particular cases have not been indicated with precision, nor in the practice is there nicety of discrimination. As powerfully stimulant, should not give it when there is high excitement. I have frequently observed, however, after proper reduction, that, either alone or with opium in pretty considerable doses, it had a good effect in calming the commotions of the system and inducing sleep. Cases, however, exist in which we may at once resort to it, without any depletion. Not unfrequently insanity is simply a mental affection, there being little apparent corporeal disturbance. Here usually brought on by the gradual operation of grief, or by the sombre contemplations of a false religion. In such cases, little or no febrile action, and the mind settles down into melancholy, and is ultimately depressed into a state of imbecility. During the twenty-four hours some exacerbation takes place, and throughout an uncommon degree of vigilance exists. Camphor and opium, with the alternation of the hot and cold baths, and blisters to the extremities, constitute the best mode of managing these particular cases. In puerperal insanity, we are not to deviate very widely from the rules applicable to the treatment of mania generally. Yet it would seem to be more frequently attended with extreme nervous irritation than inflammatory action. In the former state, have seen advantage from large and repeated doses of the tincture of hop, or the camphorated emulsion, where opium aggravated the symptoms. But the latter state existing, should bleed and purge while there is increased excitement. Blisters to the head, or to the extremities, in either state, will be beneficial. In a proper condition of the system, or, in other words, where excitement is sufficiently reduced, blisters sometimes prove the best of our *anodynes*. Nymphomania is said to be successfully treated by camphor. The cases coming under his notice were, in the beginning, connected with great fulness of system, and very high excitement of mind. The use of it here should be preceded by copious evacuations. It moreover is associated, so far as I have seen, with amenorrhœa; and the cures, in every instance, were effected by restoring the menstrual discharge.

Opium in every species of mania is freely used, though with very little attention to the peculiarities of the case. So long as there is much vascular action or general excitement, it is not admissible. Its preliminaries, venesection, purging, cupping, blistering, nauseating doses of emetics, and cold applications to the head, must be resorted to, and will be found more effectually to induce a state of tranquillity, the only

indication where fulfilment can be expected. But in the weaker forms of mania, or after the system has been reduced by evacuations, opiates may be administered with advantage. Puerperal insanity an exception to the remark respecting previous evacuations: same observations apply here as in the section on camphor. Though the means there mentioned will often succeed better, still, in no few instances, when a positive anodyne is indicated, an opiate becomes necessary, and is productive of great relief. *Hyoseyamus niger* has been much extolled in mania. *Cicuta* been very indiscriminately prescribed in mania, and, of course, with opposite results. Cannot speak here from his own experience. But same principle of administration as with respect to opium. Supposed peculiarly suitable to puerperal mania, but no doubt incomparably inferior to combinations of opium and camphor.

Many of the European writers speak favourably of stramonium in mania. Hufeland thinks it superior to all other narcotics, and has treated with it very successfully the most obstinate affections of the mind. Bergius records its effects in the same confident tone. He appears to have tried it in all the shapes of insanity, as in mania proper, melancholia, and puerperal derangement. In our public institutions, been resorted to in a great variety of mental affections, and though with opposite effects, has undoubtedly, in some instances, proved useful. To this, concurrent testimony of almost every practitioner who has been attached to these establishments. But has not been sufficient discrimination to enable us to designate the *precise* cases to which it is best suited. All that seems to have been particularly attended to is, not to administer it in an active condition of the system. It has been said, however, to exert its best powers in mania, produced by, or associated with epilepsy, and where the mind is sunk so low as to approach to fatuity.

The *Prunus Lauro Cerasus*, in mania and hypochondriasis, is alleged to have done good, and we are told that it imparts tone to the stomach, invigorates appetite, and exhilarates the spirits. Has no experience in it; but thinks it may probably be important in cases where the other narcotics are beneficial. Dr. Elliotson found the prussic acid useless in mania.

Suspects digitalis to be an important remedy in mania, though no experience as to when particularly indicated. Should he ever use it, would do so in the acute stage, after venesection, purging, and other directly depletory remedies.

German writers most conversant with *nux vomica* have recommended it in mania.

Musk has been used in the various states of mental derangement, and is highly extolled by Hillary, and several other respectable authorities. In his first edition of his *Materia Medica*, surreptitiously published, Cullen asserts he has done more good with it in mania than with any other remedy; afterwards his confidence in it considerably abated.

To treat mania by the mercurial impression, if not an American practice, is certainly much more prevalent among us than in Europe. It is one, at least, to which the physicians of Philadelphia are extremely devoted. The cases suitable to its use are not precisely determined: hence experience is different and contradictory. It is resorted to in each form of mental derangement, as well in furious mania as in melancholia, and perhaps with nearly equal success. Everything to be particularly attended to, is seeing that the system is properly reduced, by

bleeding, purging, and other evacuations, to the *point of salivation*. This being premised, mercury unquestionably will often effect cures under circumstances apparently the most discouraging. It is, in short, a principle with most of our practitioners, to appeal to this as a resource in all cases of insanity which have pertinaciously resisted other modes of treatment, and though this be empirical, frequency of success justifies it.

Emetics are certainly important remedies in mania. Forms of disease in which suitable not accurately discriminated. No one would excite vomiting in the more violent cases, where there is great arterial action, with high excitement of the brain. Nauseating doses, with copious bleedings, general and topical, are here preferable. The first, in a very peculiar manner, subdue vascular action, reduce excitement, depress muscular power, and restore the mental and corporeal quietude of the patient. Nausea, thus kept up, will, in some cases, do more in these respects than any other course of treatment. From connexion of hypochondriasis with stomach, a strong impression of successive emetics likely to be salutary. From this analogy, has become a common practice in Philadelphia, and from what he has seen, should pronounce it worthy of much attention. It is peculiarly calculated to arouse the mind from its torpor, and, by eradicating the primary gastric affections, has, in some instances which have come under his observation, effected complete cures. This torpor of stomach is more conspicuously evinced in melancholia and hypochondriasis than violent insanity. But whenever present in a case, he recommends, with no small confidence of its success, a succession of active and stimulating emetics: to which conclusion he has been led from its effects, in two or three cases of this description.

Cathartics have been immemorially applied to mania, in all its varieties. The ancients managed the disease, and especially melancholia, chiefly by purging. Effectual as it may be here, it is still more so in the furious shapes of insanity. In the mental affections we frequently meet with cases, distinguished by an insensibility to impressions of every description, so much so that even the most copious venesection produces no effect. Continued nausea, or occasionally active vomiting for several days successively, as before mentioned, will sometimes arouse the system out of its indolence and torpor; and when this fails, I have often derived the most signal advantage from large doses of drastic cathartics, so as violently to gripe and otherwise harass and torment the bowels. This practice is also well calculated to subdue the ferocity of the disease. Colocynth I have sometimes employed in mania, combined with the slower cathartics, as aloes, rhubarb, calomel especially, &c., in order to promote their operation; it is here suitable, as mania is invariably attended with more or less torpor of the intestinal canal. *Croton oil* I have also employed, and it has succeeded well, so far as regards activity of purging. *Hellebore*, by the ancients, was held in the highest estimation as a cathartic. It is especially extolled by Hippocrates and his successors down to Galen, who seem to have considered it as the most valuable of this class. But when milder medicines of the same sort were brought into practice by the Arabians, and still more by the discovery of the New World, it came, in a great measure, to be superseded. It was once supposed to be singularly useful in the diseases of the mind, particularly melancholia. The practice of antiquity, in this case, consisted, indeed,

chiefly of purging with hellebore. It is problematical whether it possess any peculiar powers in the mental affections. As formerly observed, there is no remedy entitled to greater confidence than active, and even violent evacuations from the bowels. They will sometimes subdue the fiercest forms of mania, and as often awaken the sensibility of the system, in the lowest depression of melancholy. The more gripping the purgative under such circumstances, the greater its efficacy, and on this account, hellebore, which is uncommonly severe in its operation, must, like the rest of the drastic cathartics, have done good.

BROUSSAIS.

IN the Middle Ages demonomaniaes common; but delivered over rather to the priest who exorcised them, than to the physician. At the time that Pinel became physician to the Bicêtre, lunatics in France were treated on the old plan, consisting of copious bleedings, drastic purges, cold affusions on the head, baths of surprise, confinement and seclusion. He showed that, by treating the insane with more humanity; by preventing in them, by kind and soothing expressions, the feelings of distraction, humiliation, and despair, always arising on the first glimpse of returning reason; by saving them from drastics, blows, and the dread of cold bathings; by reserving the cold affusions as a means of correcting in some cases; and by gentle treatment generally, he produced a greater number of cures than had usually taken place. A leading idea in his practice, was to regulate the treatment according to the views of hippocratic expectation, founded on the periodical efforts of nature, and the production, more or less regular, of crisis. 'Thinks a medium better than the old treatment or the inertness of hippocratic. As an irritation, must treat insanity by bleedings, abstinence, emollient drinks, and cold. His school by bleedings, particularly leeches applied during three, four, or five successive days, relate many cases of instant cure, which is never the case with that of Pinel. In the time of Desportes, average period of treating curable insanity one hundred and fifty days. In 1822, at the Bicêtre one hundred and thirty for men, and at the Salpêtrière one hundred and forty-five for women. Copious bleedings not always without danger in delirium attended by convulsive agitation. Has seen, in the old practice, men attacked with acute febrile delirium, and convulsive trembling, after excessive alcoholic beverage, die suddenly a few hours after bleeding. M. Corvisart, before exhibiting camphor, kino, and ardent spirits, bled in the feet; and his patients often died in a day's time. Dr. Pressat deems it proper to give calming beverage to subjects seized suddenly with furious mania after an indulgence in spirituous liquors, and to let the pulse rise again, during some days before he ventures on blood-letting. The more you bleed these madmen, the more furious they become, and fall at length into a mortal collapse. After bleeding from large vessels, capillary bleedings, leeches, and cupping on the passage of the jugular, and on the head after shaving, at the base of the skull, on the occiput, and in those places where more than usual heat is felt, or where the patient feels pain, and even in places where the skin is too sensitive, in the nape of the neck, and between the shoulders after the manner of Caelius Aurelianus, all means of considerable efficacy, must

be employed as long as the strength of the patient can support them, in all recent cases, and even in exacerbations, joining other accessory means. The principal of these is warmth applied to lower extremities by half-bath at 80 F., while warm water is poured gently on the head and near to it; this must be patiently persevered in. If inflammation of the stomach conjoined with maniacal delirium, must be attacked without loss of time. If it have preceded and determined insanity, after general bleeding we must apply leeches repeatedly to the epigastrium, before and even concomitantly with their application to the head. If insanity does not yield to these means, with abstinence, cool beverage, as orgeat, gum-water, lemonade, &c., the patient becomes calm to a certain point, and has usually a strong appetite, not to be fully indulged, nor the contrary. Diet must be vegetable; fecular, leguminous, vegetables, and fruits. Milk perhaps allowable, but not animal food. At this period guard against cold (Pinel). Most pressing symptoms being calmed, causes to be inquired into. If a suppressed habitual hemorrhage, a re-establishment of a flux. May succeed in this, when larger viscera have not received any formidable injury by dissipating their irritations, and leeches at or near locality of flux, at the period when it usually appeared. Repelled exanthemata and inveterate discharges demand issues, canteries, setons; or at least vesicating ointments, and emplastic applications, as rubefacients, or to excite eruptions.—Purgatives sometimes useful, but not to be used, until stomach and intestines prepared by general and local bloodlettings; nor are they absolutely necessary. Physicians no longer employ drastics, being content with mild cathartics. Does not approve of this practice, or of emetics, gastro-intestinal irritation to be treated by local bleedings and regimen.—Diffusible antispasmodics, opium, musk, and all the feud medicines, have but little success in mania. Opium, above all, dreaded, because it tends to produce sanguineous congestions of the brain, but after sufficient bleeding, may be given to certain subjects to lessen the excess of nervous debility. Dr. Pressat thus uses it advantageously in his establishment near the Barrière de la Trône: Broussais has also used it successfully in private practice, after bloodletting had been pushed as far as was prudent, whenever nervous mobility and convulsive tendencies formed the prominent symptoms. Among its substitutes, hyoscyamus niger may be used, but the belladonna too irritant. Digitalis has not produced, in his experience, any success worthy of notice. At present hydrocyanic acid employed: not to be relied on, and requires great circumspection. Quinquina been tried in periodical mania; some cures due to it, but uncertain. In such cases, better to remove the causes of disorder, to recur to sanguineous evacuations at the approach of the period of relapse, and then to apply revulsions on the external surface.

First article of moral treatment, confinement, separation from family, &c. A prompt and decisive repression is necessary to calm the violence of the access, and this cannot be effected conveniently but by strangers. A feeble resistance exasperates them: but a force manifestly superior, calmly employed, and founded on justice and reason, produces an instant effect, and greatly diminishes the violence of the cerebral innervation. They can always perceive what is unbecoming or blameable in their conduct; and if always at a proper time are seized, shut up, and confined in a strait waistcoat, far from being exasperated, they are calmed by it. If so deranged as to be insensible to

what is proper for them, no harm is done. Pinel substituted these means, now almost the only ones in France, for stripes and chains, and consequently violent madness is less frequent and more conquerable. Affusions of cold water on the head the only harsh means now resorted to. The patients are made acquainted with it in the outset, and it is used as a bugbear to repress their violence, and deter them from bad actions. When agitation ceases, time for repression over, but patient must be watched, and it will soon be discovered whether he may be released from confinement. Particular attention to those afflicted with the mania of suicide or murder, for propensity apt to be renewed after long interruptions, and they are particularly crafty. As gastritis frequently brings on these atrocious inclinations, the physician should remove every trace of it. A cautery, or issue, under one or other of the hypochondria, may contribute to destroy these obstinate irritations. A seton in the nape of the neck, after sufficient bleeding, will also be found useful where the insanity has become chronic, to prevent those encephalic alterations which are apt to bring on dementia and general palsy. Pinel introduced classification: Esquirol followed his example. First division, sexes. One for those for whom strait waistcoat necessary, that they may be confined by bandages to a bed or couch, for the purpose. 2. For not dangerous, but agitated; these may be merely shut up. 3. For the imbecile, including the dirty and paralytic. 4. For those having accidental maladies, as pneumonias, &c. 5. Convalescents and the quiet, who may be allowed to walk in the garden, and who return to their apartments of their own accord. Of these, distinctions necessary as to monomaniacs, for those insane on one topic will excite each other by applauding or contradicting. But as to the rest, we do not often remark this occurrence, as insane persons are egotists, and avoid each other. When the first indication of calming has been fulfilled, the next is, to act, as much as possible, by means of sensible impressions, and as little as possible by means of recollected ideas. Muscular exercise, however, preferable, as not at all exciting, and calculated to fix the attention of convalescents. Games that exercise the body, and gardening, have been much vaunted for this purpose. Gymnastics ought to occupy a chief place. Should abstain from discussions with the insane, proving that they are in error, still more than from the bad practice of cherishing their chimera to obtain their good opinion. Our concessions should be momentary, and only to lead them to bodily exertion, and to direct the morbid course of their ideas. Always dangerous to deceive them. Guarding against cold; attention to cleanliness, warmth, &c.

GUISLAIN.

TRAITÉ SUR L'ALIENATION MENTALE, &c. Par Joseph Guislain, Médecin à Gand. A Prize Production. 1826.

I. Moral Means.

* *Divulsion from Exercises of the Body.*—Exercises of the body are not equally proper in the cure of all kinds of mental alienation taken indiscriminately. Unless the individual has a consciousness of his actions, and acts in virtue of such an impression, the exercise is merely hygienic; it is so in idiocy and dementia. In the varieties of mania and monomania, these are powerful moral agents, at the same time that they act on the physique. Experience has demonstrated the great utility of exercises of the body in melancholy. In mania they are always of inappreciable advantage; but it is in the intervals of the paroxysms and in convalescence that we obtain most success from these means. The advantages in procuring sleep may be here extended also to monomaniacs, with whom nothing is more frequent than sleeplessness. In dementia they should not be carried so far as to fatigue. In general they may be employed with advantage in most of the diseases which complicate madness, especially in epilepsy, and also in palsy. In the first, it is admissible to carry them even to fatigue: great care should be taken that they do not hurt themselves. An exercise which suits one lunatic will not agree with another. For very irritable persons, but a mild and moderate action is necessary: for soft lymphatic constitutions, are necessary, on the other hand, more rough motions, which should be borne even to fatigue. In general the exercise should be proportioned to the strength of the patient and his habitual manner of living. As is observed by Celsus, in changing the patient's ideas, by the things entering into his daily life, such a change should be gradual; for if he perceives the purpose of these external objects, it will tend to make him distrust our efforts and cling more closely to his delusions. Travelling the best means of divulsion: a country should be chosen which would agreeably divert the patient, where the scenery is agreeable, picturesque, and varied, where the air is pure, and neither too cold nor too warm. Italy, the southern provinces of France, Sicily and Andalusia, are highly praised. The Belgic provinces offer all that could be wished here; the environs of Spa, Aix-la-Chapelle, Liege, Brussels, and Ghent, are suitable. A great part of Holland in summer offers agreeable scenery, &c. A trip to some mineral spring is a means of divulsion not less efficacious; the cessation from business, the country air, the varied society, &c., proving very useful. We cannot otherwise attribute, in general, salutary effects to the waters. But in some cases, where the derangement has resulted from the repercussion of a cutaneous disease, thermal waters become salutary auxiliary means. The itch is singularly apt to lead to madness, when treated by repercussives: in such cases, sulphureous waters are of acknowledged efficacy. Debility of the abdominal organs, and particularly that of the portal system, is sometimes a cause, and sometimes

* As a translation of the French word *Distraction*, we borrow the word *Divulsion*, from a writer in the *Medico-Chirurgical Review*: he proposes to substitute by this, the term *Revulsion*, employed by M. Leuret to convey the same meaning, or a similar one.—G.

a symptom in insanity. We are led to believe that ferruginous, bitter, and saline waters are auxiliary means sufficiently efficacious. The waters of Carlsbad and Ems are particularly praised in hypochondriasis. Mineral waters suit generally in insanity with debility of the solids. If the excursion is made by water, the patient should be engaged in directing the vessel. If the strength is good, he should be made to row, or be placed at the rudder: if in a carriage, nothing is more salutary than, as Sydenham remarks, to let him manage the horses; he thus loses sight of his delusions for the time. Open carriages are preferable, as calashes, cabriolets, &c. Rough and uneven roads are suitable, as acting on the senses. Spring is the most proper season for all sorts of exercises, from the weather, long days, &c. The patient must be accompanied by some person; whose choice is not unimportant; cheerful, gay, and well-informed men are preferable. Sea voyages are useful for the salutary air, and besides, the general effects of an excursion act well through the nausea and alvine evacuations to which they give rise. Excursions require discrimination as to the character of the patients. It is evident that we cannot thus expose the furious maniae, nor him who exacts much care and overlooking. The patient ought, more or less, to be pleased with the measure; he should be docile, and have no desire to escape the vigilance of his guardians by deception or by force. In general, whatever be the nature of the mental alteration in convalescence, travelling is a great resource. In monomania it is very useful. In hypochondriasis, in misanthropy, in erotic and fantastic monomania, it is of inappreciable value. If the patient is not habitually noisy and turbulent, even in mania, it is salutary. In dementia it is purely hygienic. *Walking, &c.*—In general, nothing can be worse or more irrational than to keep a patient shut up in a close apartment. Suitable places should be chosen for walks; both crowded spots, and those where reign silence and gloom, should be shunned. These promenades should be made at the dawn in summer or in spring; as nature is then grand, imposing, and beautiful, and therefore likely to exert a strong impression on the patient. Sailing is very efficacious; and here we may advantageously procure agreeable company. *Riding on Horseback.*—This has long been a hygienic precept: the patient should shun gloomy and morbid situations, and ought to be in agreeable company. From its peril, this exercise ought to be limited. Some varieties of monomania, of which hypochondriasis is the most essential, call for it almost alone. *Hunting.*—The diversion here procured is most powerful, but the ease must be appropriate. In this, and all sorts of exercise calling for a dangerous weapon, great circumspection is necessary. *Games.*—They do not suit in general, but inasmuch as they arouse the attention and other intellectual faculties. Dancing, the *course*, tennis, battledore, billiards, bowls, mall, are preferable amongst a great number. Those which require much calculation and thought are rarely salutary, and almost always hurtful. Games of address are specially indicated with patients of high grade, or with those unaccustomed to labour. As to dancing, waltzes are very good revulsives. They act upon an important passion. The alluring attitudes, the liberties, the frequent, almost continual touchings, invite to sentimental pleasure and voluptuousness, and are correspondently arousing; on the other hand, the activity given to the circulation, the excretions and secretions which are favoured, are consequences which give to this exercise the rank of a precious means

in mental derangement. From the agreeable sensations, this dance would be particularly useful in hypochondriasis; such patients being very sad and depressed. It is not less salutary in erotomania, owing its origin to faithlessness, or to the loss of a beloved object; it is thus that new ties are often produced. Billiards, battledore, tennis, and the *course*, suit on the same principles as the dance; the exercise and divulsion being the salutary results. Horn had, at Berlin, a cart to contain four lunatics, drawn by thirty others, which, according to him, is a very efficacious means of divulsion. Labour is indicated in almost all kinds of madness. In monomania and mania it procures a salutary divulsion, and it is in the intervals of the paroxysms of the latter that it is most suitable to employ it, as far as the thing is possible. It should not be borne to fatigue; it is only necessary to produce a divulsion, to procure tranquil nights, and repose of the intellectual functions. In dementia its use is more limited. The kinds of labour suitable are numerous; gardening, household duties, the care of domestic animals, principally of horses and cattle, with all sorts of hard labour, hold the first rank. Reil gives too great an extension to bodily exercises; he proposes combats and tumultuous exercises of all kinds: these would be pernicious from the too violent passions which they would excite. A Scotch farmer was very successful by working lunatics as beasts of burden.

Divulsion from Mental Labour.—We are able to employ mental occupation with less hope of success than bodily, with respect to all lunatics; because a taste and inclination are here necessary. *Music*, amongst the fine arts, occupies an eminent place. It is useful in mental alienation, 1st, as exercising the mind of the patient who executes; and 2d, when executed by another, it excites agreeable sensations through the hearing. The different emotions which music excites indicates the precautions necessary in its use. Skilful persons can alone decide on the employment of such an agent: for when the choice is not applicable to the case, music is not only of little efficacy, but it may become even hurtful. On this subject, Frank relates that Dr Herberski was called to a young insane person, affected periodically with mania, who, every time that he heard the sound of any music, was seized with a furious paroxysm of the disease. I have seen, says Esquirol, patients whom music rendered furious; one because the tones were false, and the other because he imagined his misfortunes to be sported with. It would be irrational to make use of all sorts of music without distinction. Experience teaches that that composed of a small number of instruments, quick, light, and agreeable, is the most suitable; such are warlike marches, waltzes, village dances, and others of this sort. Cases with sadness, hypochondriasis, misanthropy, and demonomania, call, more than any other species of madness, for the use of music. The effects are rarely salutary, according to some authors, when the disease has its source in an amorous passion. It is an excellent means in madness accompanied by transports of fury and rage. Many authors report under this head astonishing cures: Frank, amongst others, says that in like cases, he has drawn from it the best effects. The influence of music will be the more salutary if the patient applies himself to this as a science; as exercising mental faculties. The following is a case, although from love, showing the salutary effects of music. *Case.*—A young girl of very nervous temperament, gay and pretty, goes to stay at the house of a friend, for whom she soon takes up an affection. Suddenly she became

maniacal, quitted the house, spoke much of her love, and committed a thousand absurdities. Reconducted home, she placed herself at the piano, of which she was very fond. The first tones were incoherent, but in a few moments she observed the measure, followed rigorously the rules of music, and from that moment not the least error in her intellectual functions could be observed. She had regained her reason; she always found her reason return from the harmony of this instrument, the same paroxysm having reappeared many times. After singing, the choice of the musical instrument is not indifferent altogether: all stringed instruments appear to me particularly suitable. The harp, the lyre, the guitar, the mandolin, and the piano, are peculiarly fit. The flute, the clarionet, and the bagpipe, are equally suitable; the last instrument should, however, be proscribed with nostalgies from Scotland. *Theatricals*.—It has been proposed as a means of diversion, to make the insane act comedies. It appears even that this practice is in vogue in some of the German institutions: Klose thinks that a patient should not support any part which has connexion with the character of his delirium. We cannot conceive how a *troupe* of comedians of this kind can be obtained. The patient might, I think, be present, in some instances, as a spectator, in well-selected pieces, but it is not at all suitable to make of these patients dramatic artists. The maniac is here excluded: it does not suit except in some kinds of monomania and in convalescence. *Painting and the other Fine Arts*.—None of the means demanding an application of the mind are more engaging than painting and music. They should choose preferably landscapes and sea views, rather than historical subjects, as they are more easily executed, and the imagination receives a greater diversity of impressions; this means of diversion also leads to country walks, which divert the mind. It is not universal, being almost exclusively applicable to the different varieties of monomania. If an organic cause be at the bottom of the evil, in vain will be the moral measures which we have recommended: it is to cures from moral causes, as loss of fortune, &c., that they apply. Moral means are more powerful in the commencement of the malady than when it has become chronic. The same remarks apply to sculpture, architecture, &c., as to painting; the attention and the imagination are chiefly concerned. *Science and Belle-Lettres*.—Their cultivation is a means not to be neglected in the moral cure of insanity. But prudence is here necessary; as their too assiduous cultivation, to the neglect of the body, has given rise to the disease. Mental application is not usually advantageous, but in some varieties of monomania; in mania the attention is too disordered. In erotic monomania we should act with great reserve; shunning all reading that disposes to strong passions, such as poetry. For the same reasons, music, the theatre, dancing, and the sight of lascivious images and pictures, demand here such strong precautions. All mental application relative to computation is decidedly more hurtful than useful in all kinds of madness. Mathematics, logic, and metaphysics, are included in this category. Sciences which furnish novelty and recreation are requisite here. We may give the first rank to botany, chemistry, experimental philosophy, physical astronomy, and the natural history of minerals and animals. I repeat, mental application is only really useful in some varieties of monomania. It is thus that melancholy, nostalgia, suicide, and hypochondriasis, call for its employment more than all other species of madness: it is especially suitable in the

convalescence of such patients. Belle-lettres offer a vast extent of divulsion; they are oftener attractive than scientific labours; a good choice is necessary, however. All works exciting violent transports of the soul should be rejected. The choice of the works should be based on the character of the disease, the literary education, and the ruling ideas of the patient: the physician must be governed by the circumstances of the case. In general, voyages, books of a moral and historical kind, are preferable. Sandmann counsels that the patient should read in a loud tone; the attention, says he, becomes, by this, more intense and sustained.

Means acting upon the Imagination, &c.—Numerous examples of success have tested the curative powers of the means in this section. In their use prudence and strict discretion are demanded. The circumstances of the case must altogether determine the nature of the means. We here coincide with the patient in his delusions. The use of these means is very limited; it is only adapted to some varieties of monomania; it is when the intellectual functions as to other things are in a good state, when we know the source of the disease, and when we seek by a stratagem to dissipate the delirium: then these means offer the greatest hopes of success. In nostalgia they are but hurtful; the misanthrope receives from them a fatal blow, and the suicide only sees reasons for accomplishing his unhappy design; bad effects are not less to be feared in hypochondriasis, and in erotic monomania. Lemnius reports the case of a patient who, believing himself dead, refused to eat; after trying various expedients for many days, persons at last entered his room dressed in white, and asked him to dine with them, saying that they too were dead, and had come to visit him; he was astonished, and said that he did not know that the dead were able to eat; but finally he placed himself at the table, ate with a voracious appetite, and after a long sleep, was delivered from his delusion on finding himself alive. Tulp, a celebrated physician of Amsterdam, mentions a painter who thought his bones made of wax; he told this patient that his disease was well known, and could be cured, provided proper directions were followed. He agreed to this, and got well in seven days, the time predicted for his recovery. Gauran cured a female imagining frogs to be in her abdomen, by administering a purge, and having them placed unawares in her dejections. *Case.*—A patient is mentioned, who became sad and morose, and refused to eat, under the persuasion that his enemies had stripped him of his fortune, and that he had not wherewith to procure sustenance. By M. Esquirol's advice, he was advised to consult a lawyer, in order to know the situation of his affairs. After some days' hesitation, he commenced a long account, which necessitated much travelling. After a month, his cure was advancing. Everybody knows the anecdote of the patient who feared to pass water lest he should deluge the world, and was made to do so, by being told that the city was on fire, and that he could thus quench the flames. Cox mentions a patient cured, who fancied he had the venereal, by the physician's pretending to use the mercurial treatment. Sauvages reports a case in which the patient fancied himself unworthy of divine pity, and who was cured by a man's entering his room, dressed as an angel, and in the name of the Trinity offering pardon to him for his pretended sins. *Case.*—A lady imagining her bones lucent and ready to inflame; and fearful of being exhausted by her alvine and menstrual secretions, and endeavouring to retard these, Frank relieved by rubbing with a solution of phosphorus in oil; as if to

draw out the light ; he also gave her some astringents, and employed recreation. She was attacked, however, afterwards by mania, from which she was restored. This means of cure presents a vast extent : all great physicians have confirmed the sentence of Celsus—"We are oftener to assent with than oppose." A number of cases of mental alienation exact that we should lend ourselves to the false ideas. It is, above all, in madness accompanied by sad emotions, that it is most requisite to partake in the feelings of the patients. Nothing could be more absurd than the endeavour to give happiness to a sad soul by gay pleasures. It is in speaking to the patient of the subject of his delusion, in exciting his tenderness and confidence, that we may lead him by degrees, and imperceptibly, towards another end. But, as Marmontel says, the most essential point in the art of directing minds is to conceal from them whither we lead them. We should take care that stratagems which we place in use should not subsequently be discovered by the patient. Michel Wagner relates that a military man imagined himself to have in his head five grasshoppers ; a surgeon performed a fancied operation of extraction, and five of the insects previously procured were shown him as the product. He was cured. A number of years passed, when his comrades made known to him the means by which he had been restored : from that moment he had no repose ; his fantastic delusion reappeared, and changed itself to furious mania, by which he perished. Maas speaks of a man who believed that he had a bird in his head ; he was cured also by a stratagem, which was afterwards communicated to him, and he relapsed into his old delusion. Pinel speaks of an individual believing himself destined for the guillotine ; he was cured by a simulated tribunal, and relapsed on the means being discovered to him.

Means acting on the Senses and Judgment.—Philotinus cured a man fancying himself headless, by placing on his head a leaden hat. Van Swieten speaks of a man of letters, who fancied his legs made of glass : having reprimanded a servant for carelessness with fire-wood, she, provoked with his importunateness, struck him a blow on the leg. Angrily, hasty he jumped up to avenge the insult, and soon rejoiced in being able to stand on his legs. He was cured. *Case.*—A lunatic believed himself to be God the Father ; and stretched upon the earth, he fancied that he reclined on a rainbow and watched the globe. By placing him in different situations, causing him to feel his error, and by reasoning, he was convinced of the falsity of his ideas. Falret relates an instance in which an adopted daughter seeing him whom she had supposed to be her father, became insane, and also the mother and sister of her husband, through the fear of being herself insane, at last became actually so. She recovered from having discovered, in a lucid interval, that the person who had adopted her was not her real father. Another similar instance, respecting suicidal madness, is given in the Journal of Sciences. A tailor, imagining himself surrounded by all sorts of phantasms, was restored by the constant reasoning of two of his companions. Cox speaks of a man who became melancholic and believed himself damned, and who was cured by placing in his hands a treatise on mental alienation. A young man causelessly fancied that he had syphilis ; and after consulting many physicians, he at last imagined that he could not walk a step, and did not dare to venture in the streets. One of my friends to whose care he was intrusted, seeing that all moral measures had been

spent, determined to convince the patient of his error. He commenced by proposing to him walks. After some persuasion the patient consented, provided that he should be accompanied, and necessary means should be furnished, in case of syncope or other accidents. The first questions in these excursions turned upon his disease, but insensibly the conversation was directed to other points, which engaged his curiosity; by degrees he forgot his pretended feebleness and his pains, he walked with ease, and lost sight for the moment of his malady. This moment was seized to make him feel, by all possible reasoning, the change operated in him. He was astonished at himself, he wavered, and at last yielded to the advice given him: some promenades have been sufficient to cure him. It may be easily perceived that the application of such means as those just detailed is confined to some forms of mental alienation: in hypochondriasis, for example, it may be of great benefit; it is the same in fanciful monomania. There are some cases in which the patient, wholly conscious of his situation, agrees to the disorder of his imagination; it is with pain that he acknowledges it; incessantly governed by a fatal passion, it is impossible to call reason to his succour. This condition belongs to mania without delirium; it is equally present also in the commencement of monomania. It is necessary, in cases of this description, to inspire the patient with a firm will against the ascendancy of the passions, in order to cure the disturbance of his intelligence.

Means specially drawn from the Passions.—The three preceding sections have furnished us with the operations of the understanding, or of locomotion, attention, memory, &c. These cannot be exercised apart from the passions. It is thus that all the divulsive influences cannot be really efficacious, but inasmuch as they are accompanied by the agreeable feelings of the heart. The passions, then, although capable of being directly excited in mental alienation, accompany, in a number of cases, the moral means which we have discussed.

Pleasant Feelings, Consolations, Friendship, Hope, the Succour of Religion.—To induce calm and serenity in the soul of the unhappy, nothing surpasses consolations in efficacy. Our first endeavours should be to gain the confidence of our patients; to attain an end so desirable, it is necessary to share in the troubles of him whom we console. In the first instance, indeed, we should direct our efforts to excite the courage, and to renew hope: in the first moment of grief, says Darwin, the consolatory method of my Uncle Toby, in *Tristram Shandy*, is doubtless the best: "he sat himself in a chair at the side of his unhappy friend, and . . . said nothing!" The mere presence of a friend is very sweet; friendship also becomes of inappreciable value in the cure; all who have had the care of the insane have felt the good from the confidence of a sympathizing friendship: there are none so ferocious as not to be sensible of this. Willis insists especially upon the truth of this principle: small gifts of flowers, or of some ornament, pleasant diet, good garments, much liberty, are equally, says he, tokens of good-will, and means by which we gain the esteem of the insane. It is always necessary that the conversation held with them should be as agreeable as persuasive; and there is nothing, as respects this matter, which surpasses in efficacy the society of females. Moral sensibility, assiduous care, and the art of speaking to the heart, appear to belong, *par excellence*, to them. In order to apply consolations with success, we

must descend to the source of the evil. It is here, above all things, that we should appreciate how important is the knowledge of the moral causes. The death of a parent, of a friend, or of a mistress, of a spouse, or a child; the loss of a considerable fortune, withered hopes, disappointed love, faithlessness, jealousy, domestic dissensions, fear, terror, and separation from the natal land, are the principal causes of disordered mind; these are they which exact most imperiously consolations. In all cases in which the disease is accompanied by grief or gloomy feelings, consolations are indispensable. In nostalgia especially, the physician should nourish his patient with hope, and by feigned consolatory circumstances. In this case, more than in any other, we must make the time pass in promises, and in well-concerted fictions. At the military hospital at Ghent, a Swiss soldier, already attacked by a slow fever, with whom a number of means had been in vain employed, was cured by promising him his discharge, upon the condition that he should not obtain it until he was entirely restored. A militiaman, named Hoogstoel, a nostalgic at the same hospital, was in an almost complete state of marasmus when he was discharged. He returned to his friends, and in a few days had made astonishing progress towards being cured. We flatter the imagination of the patient, by letting him see in the future a return to his country; we repeat the stratagem according to circumstances; and in this manner, if it is impossible to destroy the mental alienation, we at least sustain the health, which would deteriorate so quickly, if these persons were abandoned to their sad ideas. We cannot employ too much care, assiduity, and attention: when the madness proceeds from the loss of a beloved object, this method is equally indispensable. Pinel has cured in this manner a young man who became insane from the loss of his parents. When from unhappy love, in our own consolations, the greatest prudence is necessary: we commence by agreeing with the patient respecting his complaints. Frank says, justly, that it is pleasing to the lover to listen to his complaints, and to receive them as real and genuine. On this account, we should listen with interest to all which the patient relates respecting his disappointed affection; we should question him, we should recall to him the charms of the beloved object. If loss of fortune be the cause, the patient should be made to feel in what true happiness consists; he should be made to perceive that health and a moderate fortune have more of true pleasure connected with them than immense wealth, which is calculated but to render our existence uneasy or insupportable to ourselves and to society. Consolations not less efficacious may be drawn from *religion*: in prayer, the patient feels to revive tranquillity in his sad heart: it is sometimes from this measure that greater consolation is derived than from any other means. The ancients well knew the influence of religious ideas upon the moral portion of man. Amongst the Greeks and Romans temples were devoted to the cure of these maladies, and antiquity has left us many proofs of their astonishing effects. Even in our time we see religion invoked for the cure of diseases in general, and of disorders of the mind in particular. At Ben-saçon, religious ceremonies are conducted for the insane for nine days. The same is practised at the village of Bonnet. At Gheel they pretend to cure thus demoniacs. Religious aid is not a means generally admissible in insanity. We must have in view the cause, character of the disease, &c. We ought to act with great prudence, if the derangement be characterized by religious symptoms, and not have religion for

its cause, as may be the case. This means should not be confided but to fit hands. From the moment in which the delirium assumes a superstitious character, it would be more than imprudent to use a like measure. It is not so, where the patient is a prey to violent grief, in consequence of disappointed love, of a loss of fortune, or from the death of a beloved person: then religion becomes the source of the most touching consolation. In all insane hospitals, religious worship is indispensable; at least that some person capable of inculcating this should be attached to them. This individual should always remember that his duty is not to make proselytes, but to calm the sufferings of the spirit. It is here that we must observe that the success of the moral treatment cannot be obtained by any one isolated means: there is necessary a concurrence of various agents, all of which lend a mutual assistance. After having gained the confidence of the patient, and having procured for him all possible consolations, we withdraw him insensibly from his ruling passion, and by a course of conduct wisely directed, we attach his attention to other objects; we remove everything which may give room for sad feelings; we cause him to seek company, the society of females, and gay conversation; and if, by these means, we do not always cure, at least, says Esquirol, we do not aggravate the disease, and we always tranquilize, we console and animate the mind. *Joy*.—Relaxation and hilarity are highly necessary, says Lorry, in the cure of melancholy. Gayety is a feeling which should be joined with almost all sorts of diversion. Nothing fulfils this end better than the conversation of beloved persons; parties of pleasure; sudden joy; music; the theatre; Moliere's plays; the operas of Rossini: but in all these a gradual progress is necessary. Great prudence is, above all, required, when we act by means of sudden joy; for even death has been the result of such feelings. It is useless to observe that joy and gayety are not indicated in all kinds of mental alienation, indiscriminately. Noisy pleasures are hurtful to maniacs; and in joyous monomania they would but aggravate the disease. In all cases, moderate enjoyments are preferable in hypochondriasis, in misanthropy, in nostalgia, and in erotic monomania. We may always try to procure agreeable sensations in dementia. It is a general rule to place a patient in contact with persons who please him. *Love*.—*Courtship*.—*Gestation*.—Independently of cases arising from loss of property, of a friend, of a relative, or of high station, and many other cases of this nature, love would be principally useful, when the mental affection originates from this passion as a cause. If a man has become insane in consequence of disappointed affection or from other causes of the kind, and travelling, consolations, and all sorts of diversion have been unsuccessfully employed, there remains no other resource than to lead him to new connexions: by provoking a new passion, the old is obscured. If this is unsuccessful, nothing remains but possession of the beloved object, which may not always be easy. Circumspection is requisite here. If the mental alienation really depends on disappointed love, marriage is the means, *par excellence*; but if erotomania is but a symptom of the disordered mind, it is to be avoided. Frank mentions a case in which the patient was said to be deranged from love: the physician recommended marriage, which was celebrated, and the patient imperceptibly recovered her reason; but it was but to abhor him, whom she had not loved save in her disordered imagination. I think I may abstain from speaking of the cure, when the disease proceeds from a premature widowhood, and from celibacy. Ar-

nold de Villanova, Bartholinus, and Alexander Benedictus Veroninen sis have given instances in which coition acted favourably. The privation of enjoyments ordained by the nature itself of our organs, is sometimes the cause of mental alienation. In this case it promises to be advantageous. As to the utility of conception and gestation, opinions are strongly divided. I know well that these acts do not always produce the happy results which ought to attend them. Suckling, however, almost always operates a happy change in insanity. Darwin assures us that he has seen the most astonishing cures of this nature. It happens sometimes that young children, in consequence of jealousy with regard to the preference of a mother, become melancholic: maternal love can alone work here an efficacious cure. The most brilliant success is said to have been obtained from extirpation of the ovaries and from castration. But what would be the situation of a man thus restored to reason? would it not produce insanity on reflection? Is the preservation of the life of relation more in nature than the preservation of the species? There are some cases in which these operations are indicated without restriction; it is when the testicles or ovaries are attacked by some incurable organic disease, and to which the patient must inevitably succumb. Such cases are rare. Frank speaks of castration and the extirpation of the ovaries as an operation which has produced the most salutary effects in confirmed epileptic mania, and in that arising from organic disease of the testicles or ovaries, and resisting all curative means: it has also proved to be of utility in mania accompanied by frequent pollutions.

Disagreeable Emotions—Sadness.—Pinel relates the instance of a melancholic at the Bicêtre, who, after having improved, relapsed from seeing a female who was dressed in ornaments which formerly were his property. This example shows the necessity of separation from all old painful associations. Frank thinks that the patient should be in permanent contact with all which may develop in him disagreeable recollections; for he is thus habituated to impressions which otherwise, on recovery, might endanger a relapse. Such a curative method meets with numerous indications in mental alienation arising from separation, from absence, or from the loss of a beloved object. Travelling and other modes of divulsion cannot prove here really efficacious, until the patient has been previously rendered insensible to all which recalls to him the source of his misfortune. It is true that the presence of an object to which the cause is attached ought infallibly to excite sad reminiscences; such, for instance, as the home or garments of a beloved person, &c.; but the patient, by the law of habit, becomes gradually habituated to these things. In this manner the most violent despair soon changes into a chronic sadness. Patients suffer at first, but they soon get accustomed to it; and, after having experienced deep anguish, the soul falls into a silent repose. It should not be until after this calmness of the spirit, that we have recourse to means of divulsion, to consolations, and that the patient should be placed in contact with objects which may give a salutary direction to the vicious chain of ideas. Very great prudence is, however, required in like circumstances. It is to particular cases that this means of cure should be applied; certainly, if we perceive that the condition of the patient becomes daily more and more alarming by this practice, we ought not to employ it. *Fear.*—Fear has been aroused in some cases of madness as

a curative means ; but in having recourse to such a feeling, we cannot use too much precaution. In exciting such emotions, says Lorry, there is need of the greatest prudence, lest we increase the melancholy instead of diminishing it. An important rule here is, that the physician ought, as much as possible, to abstain from himself inspiring the fear of the patient ; he renders himself odious by it, and loses the confidence of the individual. Some other person should fulfil this purpose. In order to render solid and durable the effects of this passion, it is necessary that fear should be allied to the sentiment of esteem. It is in suicide, and principally when the patient refuses to eat, that such a practice is useful. Pinel has related the case of a patient who refused, during twelve consecutive days, to take nourishment, and in whom fear produced salutary effects. From the moment in which we obtain by fear the desired moral effect, it is necessary, as far as practicable, to cause this feeling to be replaced by one of a pleasant nature ; by this we gain the friendship of the individual, and render him docile to our views. The choice of the means to arouse fear is not indifferent. An idea, which skillful physicians of the present day have converted into a law, is, never to permit the least act of violence towards the insane. Haslam, Pinel, Willis, Esquirol, and others, all state that violence only aggravates the disease. We find in Van Swieten, that a Dutch physician treated lunatics by every means which might inspire fear or terror ; blows, chains, and affusions of cold water were, in turn, employed by him ; but so soon as the patient became docile, he had recourse to caresses and consolations. Lichtenberg professes to be of the same opinion. This inhuman practice cannot, under any pretext, be put in execution. A cold severity on the part of those having the direction of the insane, an imposing array of repression, magical apparitions, seclusion, privations, and other means of this kind, fulfil far better the desired end. It is in the excess of maniacal fury that we obtain the greatest success by an array exciting fear. Experience teaches that the maniac will not moderate his fury but at the sight of a great number of persons ; this means is the most simple, at the same time that it is less hurtful than any other. Pinel mentions a patient who had refused to eat under all sorts of remonstrances, who was induced to do so by a number of persons coming to his door, clashing chains, and threatening the most cruel treatment if he persisted in his obstinacy. Onanism being a cause or symptom, it is necessary to inspire the patient with anxiety concerning his corporeal condition. It is by depicting the destruction to which he exposes himself, and by invoking the precepts of religion and morality, that we sometimes succeed in turning away a patient from his vicious habits. Langerman furnishes a case cured by fear. A female became insane, and fancied that she had killed her only son. Neither the presence of the young man nor any other means could convince her of her error. They announced to her that her son, in despair at his mother's not being restored to reason, had become seriously ill, and that there was no safety for him but a change in her conduct. This news was so powerful, that she was only occupied with the means of saving her child. She recovered perfectly. *Terror*.—Everybody knows the history of the man of letters, who being melancholy, and about to cast himself into the Thames, was cured by an attack of robbers. Haindorf says that a lady seeking, by advice, travelling as a means of cure, recovered her reason from the vehicle being overturned. Resembling in many respects fear,

and not differing from it but in the degree of its intensity, terror should be placed amongst the curative means which medicine borrows from the feelings, in order to obviate the disturbance of the understanding. Sudden terror, says Celsus, avails in this disease, and almost any vehement mental perturbation. Amongst the agents to which recourse has been had for arousing terror, the principal is the bath of immersion. This was made known by accident. At Anvers a carpenter became insane and threw himself in a pond; he was taken out nearly drowned, but with returning consciousness he was restored to sanity. Alibert gives a similar case of an insane lady, who was cured thus, remaining so for more than seven years. Perfect says, that on the occurrence of an inundation at Glasgow, the water elevated itself in the cells of the insane hospital: the most furious patients, on the sight of this, became extremely docile, but the moment the water retired their fury and indocility regained its habitual course. Hufeland reports a melancholic female who was thrown into water, and recovered at the same instant. A patient at Ghent, aged sixty, born of insane parents, had been insane for some time. After escaping from his keepers about seven o'clock, and wandering about in a state of agitation at not knowing where he was, he at last fell into a river: being a good swimmer he got out, and his reason had returned. He remained well a year, and about this period experienced some relapses, but he died sane three years after the accident. I can allege other facts of this nature, all going to prove the salutary effects of immersion in mental alienation. In England, especially, many are furnished. All the great practitioners agree in saying that immersion is particularly useful in mania. It is practised by Frank, when the disease proceeds from the indiscreet use of spirituous liquors. Pinel restricts the employment of this means to extreme circumstances; he recommends it in the case of a violent paroxysm of mania; in continuous mania, and especially in that which is inveterate. According to Esquirol, immersion is useful in mania without delirium. It may also be advantageously employed in suicide. It has been proposed in confirmed mania, combined with epilepsy. It is to be supposed that this means is more hurtful than useful, in the greater number of cases of this nature. To avoid all strong feelings, and to shun all which may excite strongly the intellectual functions, appears to me, in this terrible affection, the only rational and curative treatment: all moral or physical excitants can but lead to epileptic convulsions. The employment of the bath of immersion exacts strong precautions by its connexion with asphyxia. It is a means always dangerous, because we cannot measure the extent and value of the effects which it will produce on an insane person. The constitution, more or less robust, of the patient, the duration of the disease, &c., are important objects for consideration, when we employ immersion. If there are symptoms of inflammation, baths of immersion can only be fatal. The manner of plunging the patient in the water is a subject requiring great prudence. We find in the Dictionary of Medical Sciences, that Dr. Willis has constructed a reservoir, with an apparatus by which the patient can be plunged in at will; this means, as all others in which we are master of the person of the patient, is preferable to every other. To throw the patient in the water in order afterwards to draw him out, is a practice which should never be permitted. To plunge in water suspended by a cord, as is done in England, is a method which, though preferable to the preceding, is equally defective. It is only to produce a salutary terror that we should

exclusively have recourse to the bath of immersion ; similar emotions, but more feeble, may be produced by a magical appearance, or by the sight of some hideous objects, as serpents, frogs, &c. It is necessary, in all cases, to consult the sensibility of the individual whom we submit to similar trials. Reil thinks that the patient should be suspended by means of ropes fitted conveniently to his body, at a height more or less considerable, in order to let him thus float between heaven and earth. He thinks also that fire-arms should be discharged very near him ; and that we should affright him by feigning to wish to burn his body with flames, and that fireworks should be set off at his sides. Langerman caused a red-hot iron to be brought to a female who refused to take medicines. He created by this so salutary a terror, that the patient, believing that she was about to be burned, took with facility all that was offered her. Most of these agents may be replaced by the *donche* and the rotary machine. Extreme prudence is necessary in their administration. Donatus, says Schneider, reports the case of a man who believed himself so large that he durst not pass through the opening of an ordinary door ; a physician ordered him to be taken through by force. The order was executed ; but the patient experienced such a fright that he died. This example is sufficient to render us circumspect in the employment of this means. More than once we have seen the maniacal insane, when treated by fright, pass into a state of incurable dementia. *Hatred and Aversion*.—Erotic monomania alone admits of these passions as curative means. To exaggerate and enumerate the vices of the beloved object, is a dangerous practice. If real faults exist, we may paint them as they in fact exist, but they will not always be such to the lover ; through love's glowing prism vices themselves take up a charming aspect. And I do not know how far the precept of Ovid, quoted by Sauvages, is true, to the effect that we should exaggerate and enumerate the faults of the beloved object. The physician should take care never to administer these means himself : the patient may suppose him to be influenced by personal interests. *Pride and Vanity*.—When a patient of high rank or superior condition is presented to our care, we should acknowledge the honours which are due to him, and gratify his pride as much as possible. Nothing could be worse than to follow an opposite plan, although different German psychologists, amongst others Schneider, have counselled it ; this would irritate the patient, and he would become more indocile to our precepts. *Anger*.—It has been observed, with justice, that anger always aggravates mania, by rendering the patient more furious. We have seen monomania pass into mania by provoking this passion. We should not excite anger but to a feeble degree ; that of impatience, for instance, or slight ill-humour. It should be employed only in some varieties of monomania. A fact, reported by Reil, proves the success of anger in a case of madness. *Case*.—A young man fancied himself dead ; he refused to eat, and exacted that he should be buried. He was placed in a coffin, and some young persons were invited to come and abuse him. This was done : they met the funeral procession, and commenced speaking of the scandalous life which he had led, &c. : the patient, lifting himself up, leaped from the coffin, and ran to avenge his wounded self-love. This paroxysm of anger had upon him so good an effect that he was delivered from his delirium. Reil reports other examples of this nature.

II. Physical Means.

Means acting upon the Brain and Nerves.—It is when mental affections offer great alteration in the nervous system, when the lesion of the functions of this system forms a part of the intellectual derangement, that the means of which we are about to speak are urgently indicated. The cause of the malady should be seriously taken into consideration. Sometimes sedatives, sometimes excitants of the nervous sensibility, produce madness, and the curative means must be directed accordingly. The character of the delirium does not merit less study; the complication of mental derangement with a neurosis, properly so called, such as epilepsy, hysteria, &c., is a circumstance which always indicates the nervous state. The periodicity of the delirium confirms us in this opinion. In all these cases, the means acting specially upon the nerves are indicated as really useful. The symptoms denote often a special and prominent lesion of the nerves in some of the insane; here we must apply our curative attempts to the nervous system. These patients are extremely susceptible; the most simple and ordinary objects are exaggerated in their imagination; the least variation in the temperature of the air, the slightest noise, unexpected news, however unimportant, agitates them. The brain being in continual action, is incapable of repose; it absorbs in itself alone the energy of all the other organs; if even the patients sleep, their slumber is agitated; frightful dreams come to overwhelm them when they believe themselves delivered to repose, and these dreams are often so terrible that many patients, as Esquirol says, fear the hour of sleep. These phenomena are especially remarkable in the commencement of monomania, in religious monomania, and in hypochondriasis. We should, however, be careful not to take the disorder of the nerves as primitive, when it is but secondary to another disease.

Opium.—This is a means to which the ancients had frequent recourse in madness, and which has been the subject of lively discussion amongst the moderns. Some fear the action of opium, others see but salutary results for the cure of these sorts of maladies: certainly, in skilful hands, it may perhaps be crowned with brilliant success; but it does not demand the less discretion on the part of him who employs it. This means, as is known, does not produce calmness, insensibleness, morosity, and sleep; but after having called forth in the circulatory apparatus and the intellectual functions a state of exaltation which, without being absolutely the same as that from spirituous liquors, is much like it. Hence, in proportion as the subject is plethoric and robust, when the mental disease is united with vital turgescence of the encephalon, or other organs, opium may cause sad results. Examples may be given in which the patients, although sufficiently tranquil, have become furious from the use of this remedy. Constipation and a retardation of the exhalations and secretions, by its employment, ought with not less care to be taken into consideration: in administering this remedy to a constipated patient affected with organic diseases, abdominal obstructions, we would only aggravate the disease. The cause, too, must also be attended to. An arthritic diathesis, a repulsed tetter, suppressed evacuations, acting causatively, opium, independently of its doing no good, is a means whose action is in opposition with the curative end which we propose in these affections. Such obstacles should not form, however, general contra-indications against the use of the medicine. When the case is well

chosen, when everything is removed which might counteract the salutary action of the remedy, when the strength is consulted, the organs affected, the age, the temperament of the patient, and the cause of the disease, it may be employed with confidence. Thus, if opium cause constipation, we should make use of a moistening regimen, united with mild purgatives and enemata; if there be plethora, if the subject is young and robust, if there is a suppression of a sanguineous evacuation, it is necessary to precede its employment by a sanguineous evacuation, general or local, according to the case. Opium is particularly indicated in mental alienation with sleeplessness. Cullen and Bernard Huet say that this remedy is very advantageous in mania, by producing sleep. A number of the insane sleep very little towards the period of their convalescence, or remain awake through fear, jealousy, or distrust: opium in this case, when there is no contra-indication, becomes an indispensable means. We may have recourse preferably to the preparation which Dr. Majendie makes known under the title of syrup of morphine. It has, according to him, the power of exciting sleep without previous excitement. The formula is, clarified sugar, lb. i.; acetate of morphia, gr. iv.—the dose a spoonful in coffee, every hour or so. Lorry is very much in favour of the employment of opium in periodical derangement, when, in other respects, the functions are in good condition. Frank asserts that it is particularly suitable when the disease has arisen in consequence of some passion; this is being too general, as some passions demand sedatives, others the opposite. Van Swieten approved of the use of this means in mania occurring from the suppression of the lochia, and he justly observes, that the antiphlogistic regimen should always precede its employment in similar affections. Esquirol makes use of it in mania with great nervous tension, in that in which the subjects are very sensitive, and with those in whom the nervous system appears essentially affected. Other things being equal, as Dr. Schneider observes, opium is very advantageous in monomania characterized by continual weeping, a state of sadness, sighs, &c.; he directs it, after the example of Nord, in strong doses. The state of acute inflammation is rare in mental alienation. It is present, as Hufeland well observes, where the face is red and injected, the constitution strong and robust, the pulse hard and full, and where we are forced to put in use the antiphlogistic regimen, before having recourse to opium. Experience has taught that general bleedings are sometimes necessary, and more frequently leeches to the head, mild purgatives, and epispastics. This inflammatory state may, however, be even here secondary to a nervous alteration. If the subject be feeble, aged, pale and thin, and after a frequent and small pulse, opium becomes an excellent means. Kriebel thought opium acted by producing sleep: he gave a grain every hour, until the manifestation of complete sleep. Twenty-six grains in twelve hours are the maximum dose employed by this physician. We find in Darwin's *Zoonomia*, that Dr. Binns cured a patient by a dose of two scruples of opium, and twenty grains four hours after. Dr. Brandreth gave 400 drops of laudanum with similar success to a furious maniac. This practice should be made known to those believing madness to be an inflammatory state; but it would be unsafe as a general thing. If the malady is of long duration, if the sanguineous system loses energy from day to day, and when the cause is neither re-pulsed neither suppressed hemorrhage, or when there are only nervous symptoms to combat, I would not hesitate in having recourse to opium.

The quantity given to the insane should always be greater than that which a sane person could bear. It is not always suitable to give it in one strong dose; it is better to proceed gradually in its administration, in order to study its effects; we commence with two grains, and the dose is augmented even to ten, to fifteen, or to twenty, according to the nature of the case. Cullen has always given large doses: Van Swieten never went beyond fifteen grains. Opium is not always administered alone. Ferriar made great use, in monomania, with a depression of the muscular energy, of a combination of opium and bark. Opium combined with vinegar appears endued with much efficacy in both mania and monomania. Van Swieten reports that this became known from a maniacal girl being cured by accidentally swallowing a scruple: it is doubtful to which we may attribute this cure. Sydenham has made great use of the Theriaca Andromachi (a farrago of 61 ingredients, G.) combined with bitters, in dementia ensuing in consequence of protracted intermittent fevers. It has been proposed to employ opium as a fumigation. Frankenstein says that, administered in this manner, it produces a state of drowsiness and slumber. Etmuller employed fumigations of opium in madness with convulsions, and with melancholies, to produce sleep, and in the furious to calm their excessive muscular mobility. Such means would always be dangerous. Dr. Donne proposes, in order to increase the efficacy of opium, that it should be united with camphor. Opium has even been added to errhines. I cannot determine how far this mode of treatment is efficacious.

Hyoscyamus Niger.—Willis maintains that opium may be advantageously replaced, in mental alienation, by hyoscyamus. In some respects its mode of action resembles that of opium; in others it differs from it. Previous excitement always precedes the subsequent sedation caused by opium. Hyoscyamus does not excite, nor does it arrest the secretions and exhalations, and does not constipate; but it leaves always a feebleness far greater than that from opium; it causes, in like manner, a sadness and depression of spirits: opium, as we know, disposes to gay feelings. Science possesses few facts which attest the efficacy of henbane in mental alienation. It is praised exclusively in mental affections connected with derangements of the nervous system. Should we not try it in joyous madness? A turbulent patient, whom Dr. Muller, of Würzburg, caused to take hyoscyamus, became more tranquil under its influence.

Camphor has been frequently used in mental alienation, and a great number of physicians have not ceased to vaunt the advantages which they have obtained from it in maladies of this description. Dr. Consbruch thinks it should be given in large doses; one scruple, and even two drachms. Dobson has given to a furious maniac three drachms of camphor in twenty-four hours (a scruple each time); the following day, the same quantity was consumed, and the patient was entirely restored. Avenbrugger has particularly employed camphor in mental alienation, with retraction of the membrum virile; where the scrotum appears empty and the testes are drawn back towards the pubis; and where the whole genital apparatus is cold. In females, says Avenbrugger, camphor is indicated in mental alienation, when the hands are cold, contracted, and trembling; symptoms which are equally met with in the male sex. Hufeland cured an insane female by injecting in her veins a mixture of four grains of camphor, and as much tartar emetic, with two drachms of the mucilage of gum-arabic; he augmented the dose gradually.

Viborg, Schonheyde, and Schneider have equally made known the success of camphor in mental alienation; but Perfect may be cited as having made most use of it in this sort of maladies; he prescribed it to almost all lunatics indiscriminately. However, of 108 cases of mental alienation which this author reports, and nearly all of whom were cured, it is impossible to recognise whether the reason had been recalled by the use of camphor, or by some other means; since bleeding, camphor, the seton, vesicatories, and vomits, are always employed in the same individual; Perfect has also but little distinguished the cases in which camphor suits, from those in which it is but hurtful. The difficulty of telling to which portion of the treatment the cure is due, is evident in the cases which follow.—Two scruples of camphor, with fifteen drops of the camphorated tincture of opium, were prescribed to a female attacked with melancholy connected with amenorrhœa. She had made use of many other means, but without success. By the employment of opium and camphor, she recovered her reason, and her courses also appeared. *Case*.—A married female, of leucophlegmatic temperament, became melancholy. Her colour was pale; the urine reddish; the tongue dry; the pulse contracted, hard, and unequal. After bleeding and administering an emetic, Perfect prescribed two scruples of camphor, morning and evening. There was manifested, on the whole superficies of the body, an eruption, and the menses, which had been suppressed during the whole course of the malady, regained their healthy flow. Nitre was added to the camphor, and the patient recovered perfectly. *Case*.—A female, after having been cured of contagious catarrh, which pervaded England, suffered a periodical relapse with it. She was given bark, and from that time she lost her spirits, and complained of continual anxiety. The pupils were dilated; the exterior of the patient was pale and wan; she spoke in a low voice and without coherence; her respiration was difficult, and on many parts of the skin eruptions appeared. Perfect made the patient take camphor and musk also, and applied a vesicatory to the epigastrium. After four weeks' use of these means, she recovered. *Case*.—A man, aged 15, of tall stature and relaxed fibre, after having committed an excess in drink, was attacked with palpitation of the heart, difficulty of breathing, vertigo, and want of appetite. His intellect wavered; he experienced an epileptic paroxysm, and felt a pain in the right hypochondrium. When Perfect saw, for the first time, this individual, he observed that the pupils were strongly dilated, and that the eyes were remarkable for an excessive mobility. He had not slept for seven days consecutively. His face was red, and the pulse frequent and full. There was constipation. He had been bled, given emetics and purged, but the mental disease did not the less persist. A volatile liniment was first prescribed, and afterwards a vesicatory for a species of paralysis with which the patient was affected in the right leg. He experienced also frequent spasmodic pains in the arm. A seton was placed between the shoulders; but he did not regain his reason until after having made use of a bolus composed of camphor, valerian, and mustard. Perfect has cured many lunatics; but no person has been more empirical. The success of camphor is not generally testified by practitioners. Cox says that he has seen melancholy pass into furious mania from the employment of this medicine in a small quantity, and that in a large dose it has sometimes produced death. He never saw the good effects which have been attributed to it. Müller, of Wurzburg, has given it in a large

dose, and obtained no other effect but an augmentation of the caloric on the cutaneous surface, as also a greater energy in the pulsations of the heart. I have made, in the lunatic asylum at Ghent, some trials with camphor, and I cannot report any case in which it has produced marked advantageous effects. A case of dementia from onanism took it for a long time without the least benefit. A case of mania was given it six weeks, without any moral change. I gave it, in large dose, to a melancholic who offered all the indications given by Avenbrugger and Bursérius for its employment, such as paleness of the face, coldness of the extremities and of the genital parts, and slowness of the pulse; but after taking the remedy during forty days, there did not appear the least remarkable change. Camphor has been combined with vinegar, nitre, opium, and musk.

Musk.—As a great excitant, musk demands circumspection. It never is suitable when excitement of the vascular system is feared. It seems that it has been given with advantage in disorders of the mind proceeding from the retrocession of some exantheme, and in those accompanied by convulsive motions. Van Swieten has given it with success to a young maniac. Locher said he had calmed the furious transports of a maniac by from fifteen to twenty grains of musk per day: having given it to six other maniacs, he obtained no success from its use.

Digitalis.—According to the report of various respectable writers, digitalis may be employed very advantageously in mental alienation. Cox praises it extravagantly. Fanzago reports also facts respecting the cure of the disease from digitalis. Madness, he says, with an exaltation of the sensibility, particularly demands its use; and a state of debility is a contra-indication to its employment. According to Frank, it is particularly indicated in recent mania which has not its origin in organic disease. On account of the nausea which it creates, it may be advantageous: Willis affirms that he has seen good effects from this. Digitalis has been recommended in mental alienation with serofula. Dr. Muller, of Würzburg, has made many trials with this plant. He has given it in large and in small doses in furious mania; from his experience, he concludes that it is a means which cannot be rejected here. I gave it to a maniac in whom all the symptoms demanded its employment. The pulse was remarkably quick, and the patient presented at intervals a red and swelled appearance. He took five grains of digitalis in a day; but with no moral or physical change; the pulse preserved ever its frequency. It does not follow that I call in question the success of Cox, Nord, &c. I like to believe, with Müller, that being adapted to the case, it may give advantageous results; and the following fact decided me as to its salutary properties. *Case.*—A female, aged 33, of the sanguineolymphatic temperament, of colossal stature, the mother of many children, had at each pregnancy a swelling of the lower extremities, which disappeared after delivery. In 1823 she was delivered of a dead infant. In 1824, the œdema appeared in the seventh month, and, as the year before, with difficult respiration; she moreover felt intolerable pains in the feet, was sleepless and extremely agitated; vesicatories to the legs proved unavailing; she passed thirty days without sleep. About the eighth month she was delivered of a dead child; the difficulty of respiration immediately diminished, and the swelling decreased rapidly. She was tormented by a violent and continued cough. The fifth day after delivery, mania was exhibited.

The patient sung, laughed, and committed a thousand extravaganees. The pulse was remarkably quick; the cutaneous temperature was not increased, and there was not the least sign of abdominal inflammation. The cough ceased with the appearance of the derangement. There was no sign of milk. The eyes were dull, and the patient presented a very wandering aspect. There was no redness of the face. To watch the symptoms, I had abandoned the whole to nature, but after waiting eight days, and the madness becoming more and more intense, being guided by the quick pulse without fever, I gave half a grain of digitalis in the morning, and as much in the evening. After taking two powders, she experienced nausea, followed by vomiting, and passed a very restless night. The next morning she took, at an early hour, a third similar dose, and the symptoms of poisoning immediately declared themselves; continual vomiting, inextinguishable thirst, &c.; inasmuch, that she was thought to be dying. The next day there was a diminution in the symptoms, but the thirst was always extreme. She was somewhat comatose for thirty-six hours; and she became perfectly reasonable the fifth day after taking the first dose. The symptoms of poisoning from so small a quantity was owing, probably, to the extreme susceptibility of this female.

Stramonium.—Storek is the first who made use of stramonium in madness. He has employed it in two cases of mania, and he asserts that he obtained success. According to Engelhart, Smaltz has cured with stramonium a girl alternately affected with mania and melancholia. Bergius cites cures operated by this means upon various maniacs. Grandier speaks also of a case in which stramonium has produced the most advantageous results. We read, in the Journal of Nasse, the following case:—A married woman, aged fifty, of the choleric temperament, atrabillious, healthy in both body and mind, had experienced many misfortunes, and was attacked in 1821 by cholera morbus. She was thus debilitated for some time. The critical period came on, and insensibly demonomania declared itself. Dr. Schneider found her extremely sad; she uttered cries and shed continual tears, her eyes were red, her skin cold and moist, and she sustained with indifference hunger, thirst, and cold. She was excessively fearful, believed demons were about her, and said she was unworthy of divine pity. All her conversation referred to the torments of the other world; she was affrighted at everything; desired drink, but refused all aliment. Constipation soon obstinate; tongue always clean, pulse regular, urine copious, and pains in abdomen from time to time. Depletion, evacuation, tonics, belladonna, were in turn employed, but without success. Dr. Schneider had finally recourse to the tincture of stramonium of Hufeland, and made the patient take twenty drops four times daily. With the intention of getting well, she swallowed thirty or forty drops at a time: immediately she experienced an extreme prostration of strength. The dose was reduced to twenty drops, and the progress towards recovery was striking; she insensibly recovered the free exercise of her reason. Dr. Schneider reports also a case of puerperal mania cured by the tincture of stramonium: he gave from fifteen to twenty-five drops, two or three times daily. The patient had made use of all sorts of means, without the least advantage. The disease had existed from March, 1821, to February, 1822. The following is the tincture referred to:—R Pulv. sem. stramonii, ʒij.; vin. hippurici, ʒviij.; spirit. vini, ʒi. Digest for some days with a gentle heat and filter. The dose is six, ten, or twenty drops. Read makes this

preparation in another manner—℞ Pulv. semin. datur. stramon. ʒij. ; alcohol vini diluti, ℥i. Digest with a gentle heat for some days, and filter. Dose ten to twenty drops. Reil gives the stramonium in extract, in the dose of a grain daily, augmenting it gradually to 5 dr. in twenty-four hours. Would stramonium suit in mania with epilepsy? Storck has made great use of this means, and Rasoux, Adhel, and Widenburg, have equally confirmed its success in epilepsy. Stramonium is a remedy which exacts in its administration much precaution on account of its poisonous properties.

Belladonna.—Belladonna has been vaunted in treating mental alienation. Murray has given it in the dose of five grains, with as much rhubarb, in a case of madness, and he thinks that he has obtained good effects from it. Muller, of Wurtzburg, has seen satisfactory results from it. *Case.*—A female, forty years old, had been for a year affected with furious mania; he gave her belladonna, and she was cured by making use of the powdered root of the plant: he augmented the dose to thirty-six grains per day, and diminished it afterwards, or ceased its use, when the symptoms of poisoning were declared, such as blindness, vertigo, &c. Münch speaks of belladonna as an excellent remedy in melancholia and mania. Frank recommends it in mental alienation with fantastic visions, and in that accompanied by epilepsy. We must say, however, that its success in the latter instance is little known; for this disease is almost always incurable. Good air, continual occupation, labour, walking, healthy nourishment, easy digestion, vigilance on the part of those who have charge of such patients, sustaining the forces in a just equilibrium, are almost in all cases the only means to which we can have recourse, when this fatal complication exists.

Cherry-laurel Water.—It is said that this medicine is of great efficacy in many varieties of monomania, and particularly in hypochondriasis. Like digitalis, it requires great prudence in its administration, as diminishing considerably the action of the heart. Many other medicines acting upon the nervous system have been employed in mental alienation; such are aconite, hemlock, sulphuric and nitric æther, valerian, serpentaria virginica, the oxide of zinc, the oxide of bismuth, saffron, spirits of ammonia, the oil of dippel, castor, prussic acid, arsenic, nitrate of silver, &c.; but what these means have produced in madness has not yet been published. I ought, however, to recommend to the attention of practitioners borax; a remedy employed by Dr. Monro in large doses in sleeplessness, or in order to provoke sleep and repose of the organs. Dr. Müller, of Wurzburg, has made trial of this means, but with no success. I ought, also, to repeat an observation already made by Van Swieten concerning the employment of *vomits* as narcotic means in mental alienation. This author observes, that the most profound sleep often succeeds the administration of tartar emetic. Such a medication is uncertain, since we possess means more efficaciously given for a like purpose. Kramer proposes phosphorus, and Muller, of Wurtzburg, has made experiments with it upon a demented patient. He continued its use until symptoms of inflammation manifested themselves in the throat; but the intellect was not ameliorated.

Electricity, &c.—According to various writers, electricity and galvanism have been employed with success in madness, and in the different varieties of monomania. Esquirol especially recommends its use in chronic dementia. We possess some facts which demonstrate the effi-

caey of this means. Perfect relates three cases of mental alienation cured by electricity. Hufeland speaks of a girl, aged eighteen, become melancholic, and who was cured by galvanism. Dr. Most also cured a hypochondriac by galvanism. As to animal magnetism, the results obtained from it are little satisfactory; it is a means with which we ought to be on our guard; more than once it has produced disorder of mind. Electricity and galvanism have been much employed in mental alienation with paralysis; but this affection is often rebellious to all curative means. We may say generally, that the chief point in treating this complication should be almost entirely confined to a wise direction of hygienic means: such are good air, a dwelling in a spacious place, in the country, moderate exercise, substantial nourishment, agreeable company, and great observation on the part of those to whom is confided the care of these patients.

Rotation, &c.—Darwin has proposed rotation as a means of treatment. He was preceded by Caelius Aurelianus in the conception of this idea. Cox put it in practice. Von Hirsch believed that he had perfected the apparatus of Darwin and Cox, by suspending the patient in a sort of hammock; this had already been proposed by Hallaran. A piece of cloth receives the body of the patient, forming a sort of hammock, by being in a state of suspension, and is so fixed that it may be turned round. Above the part which corresponds to the head of the patient is constructed a bath of affusion, that is made to communicate with this apparatus by an opening in the ceiling. Dr. Von Hirsch asserts that the effect of this hammock is not so violent as that of other apparatus of the sort, but thinks it possesses the advantage of being more durable in its action. At Berlin, in the Charity Hospital, two rotary machines have been constructed, the one for horizontal, and the other perpendicular motion. The latter is the chair of Cox perfected, and which appears to me to be very ingeniously constructed. (The change seems to lie nearly in the being moved by a set of pulleys, and in a sort of cage taking the place of the chair.) This may be much improved by suspending a rotary chair instead of the heavy cage in which the patient finds himself, the ordinary chair of Cox (with this difference, that the cords are not fixed in conjunction with the hook above, but they slide through a moveable ring of iron): the desired purpose is much better fulfilled; for then we may give the chair sometimes a horizontal position, and sometimes a perpendicular, and we have thus united in a very simple manner the apparatus of Darwin, that of Cox, and also the hammock of Von Hirsch. Hayner has given a design of a chair like that of Horn, but it is more simplified; it is, as the chair of Horn, of wood, but this is provided only at its superior part with a piece of iron which is received in a moveable hook. An assistant turns the machine by shaking it, whilst that of Horn is turned by mechanical means. Hallaran has invented two rotary machines; the apparatus is simple, but is replaced by that which I have proposed. Navigation by sea for him who is not accustomed to it, may give analogous results to those of rotation. I have made use, at Ghent, of the chair of Cox. He assures us that he has never observed this means to be followed by any bad result. He has obtained from it in mental alienation the greatest success, and the most favourable indication to him appeared to be an alteration in the pulse, without fever.

Case.—A strong and sanguineous man, aged thirty-seven; on hearing of his father's sudden death, he became maniacal, and remained so a year.

After seven months he again became rational : subsequent to this period, he experienced a maniacal paroxysm, which changed into tranquil mania. There was then not the slightest moral change for six consecutive months. He then became more agitated ; his eyes more open ; he spoke more than usual, and his pulse was of an extraordinary frequency ; from time to time there was redness of the face. The chair was tried from fifteen to twenty-five minutes, for six days in succession, without any good effect, and furious mania appeared : there being no influence exerted, Cox is wrong as to his idea of a constant effect. Another individual, exposed for half an hour each time, suffered no change. Horn asserts that the machine cannot be borne beyond two or three minutes : patients differ in this respect. All those who have employed this means have recognised its utility in periodical mania. They have observed that in this case, the paroxysm is much mitigated ; that the lucid intervals are longer, and that in some rare circumstances, rotation causes the paroxysm to cease. I have not had occasion to remark this great success ; but I can certify that it is the best means I know of to diminish the violence of the maniacal exacerbations, or to retard an explosion. *Case.*—Aged fifty, meagre, tall, eyes large and moveable ; since twenty years of age, attacked with furious periodical mania ; at each exacerbation, compelled to be shut up in his chamber for seven or eight days ; after the paroxysm, calm and wan. The 25th Feb., 1824, announced a new exacerbation ; rotation for six minutes. He became pale : he was carried to bed, and slept peaceably. The pulse was a little slower than ordinary. The next day the patient was agitated, turbulent, and indocile : rotation for five minutes : prostration, &c. The 27th, refused to eat ; rotation for four minutes. Abundant vomiting ; he ate, and was more calm than ever. The same experiment has been repeated upon this individual many times, and always with the same success. *Case.*—Aged thirty-seven, maniacal many years ; the paroxysms return periodically every eleven or twelve days. In the intervals he is as though in a state of dementia, and during the paroxysm is insupportably agitated and restless. After five minutes' rotation, he exhibited signs of fainting ; the maniacal access impending, did not take place. By repeating this many times, an interval of six months was gained, but eventually the rotation became ineffectual, and the malady regained its habitual course. *Case.*—Aged twenty-five years, of a nervous temperament, pale skin, regular skull, a patient at the hospital of Ghent. He was subject to periodical attacks of mania ; the attack was preceded by a disagreeable sensation in the epigastrium, which mounted upwards ; he then became very furious and destructive, and seemed to talk with evil spirits ; he usually announced the approaching paroxysm, and solicited seclusion. The access lasted generally a few hours, and alternated with calmness : its return was very irregular : sometimes during four months there was no intellectual aberration, at others it returned every month. He recollected clearly what had happened. On the 22d Dec., 1825, according to his announcement, the paroxysm came on, lasting three hours. I saw him next morning ; he was rational, and assured me that a new paroxysm impended. The pectoral anxiety manifesting itself, he was placed in the rotary chair. The usual symptoms, vomiting, &c., soon followed ; the intellect was wholly sane, and since that time for four weeks, there has been no aberration. *Case.*—Aged thirty-four years ; of nervous temperament ; forehead prominent, head in other respects regular ; attacked every

month, on a fixed day, with mania sine delirio, preceded by abdominal pains tending towards the head; is inclined to sing and to commit acts of violence in the paroxysm, but possesses a consciousness of his situation at the time; this state continues six or seven days before a return of reason. For three years at the hospital, this delirium had not ceased to appear. I seized the moment when he began to complain of his abdominal pain, to place him in the arm-chair, at the same time giving him a drastic. Rotation was tried twice with the usual physical symptoms, but no mental amelioration. By reason of its disagreeable effects, rotation may be considered one of the most efficacious means of coercion. Cox has particularly recognised its advantages with patients refusing to eat. *Case*—Steens, a maniac, aged thirty, refused to eat during six consecutive days. I had him placed in the arm-chair, and he was turned during eleven minutes: he vomited abundantly: from this moment he took nourishment with the greatest docility. *Case*.—Souplet, aged fifty, with a regular skull, except the occiput, which is very little developed; of a nervous temperament; had been a patient two years in the hospital at Ghent, when he was, in 1824, exposed to the action of the rotary chair. At his entrance, he was affected with a tranquil mania and an almost complete blindness. He remained in this condition nearly two years, and did not offer the least sign of amelioration, either physical or moral. About that time he refused to take nourishment, and for some days rejected all aliment that was presented to him: rotation for ten minutes; he begged its discontinuance; paleness, &c., occurring. He was taken from the chair, placed in bed, and reposed some hours; from that time he took aliments with the greatest docility. A sensible moral amelioration took place equally; and in two months he became completely cured. He had a perfect recollection of all his actions whilst deranged, and said that though exceedingly frightened at the time, yet this alarm had not made him eat, but that his taste for aliments returned some hours after the experiment. This change is not always so sensible. *Case*.—Von Laer, aged fifty, and affected with periodical mania, refused to eat; he was exposed to rotation during twenty minutes, without the least alteration, physical or moral. He remained obstinate in his refusal: for four days after the same attempt was fruitlessly made: the sixth day he was fed with a spout. As a means of repression, properly so called, rotation would be very advantageous. I have seen a curious example of this. *Case*.—A monomaniac for two years; from time to time his ill-humour became so insupportable that he embroiled himself with all around him. On the 17th June, 1824, he quarrelled with everybody: he was turned in the arm-chair nine minutes, with the usual symptoms. After this, he seemed completely changed; from being the most gloomy, passionate, and obstinate patient in the institution, he became very pleasant and affable; and whilst previously he had been careless, he now did not cease to seek the good graces of his keepers, by continual attentions and obligingness. The ruling delusive idea always remained, but I think that if circumstances independent of my will had not prevented farther trials upon this man, he would have recovered his reason through this means. Schneider supposes, in order to augment the efficacy of this measure, when employed repressively, that it is very advantageous to submit the patient to its operation in a gloomy place, retired, and deprived of the light of day, the terror of the individual being thus increased. *Case*.—Joseph de Jonghe, aged thirty, of the sanguineo-

lymphatic temperament, having a regular skull, had been for three years at the hospital at Ghent. He was affected with mental alienation, which partook of the character of mania and that of dementia. He was in some sort without ideas, but turbulent, and sometimes dangerous, from his brutal manners, so that it was necessary oftentimes to keep him shut up during two or three consecutive months. In 1824, he was exposed to the action of the chair during twelve minutes, with the usual immediate effects. The moral change was marked; he became peaceable; he occupied himself with household labours, and obtained in a short time a complete recovery; this patient had begged off from farther trials after the first. In one case I have seen the patient become worse. *Case.*—Serofulous; of the lymphatic temperament; has a badly-formed head; had been a year at the Hospital of Ghent. He was paralytic on the right side, and had a considerable encysted humour on the right cheek. He was affected with mania, and offered in his disease, as a dominant character, an obstinacy in not wishing to answer questions made to him. In 1824, he was placed in the rotary chair, and after having been exposed during sixteen minutes, vomiting took place, and he experienced a considerable muscular prostration. The next morning he was more sluggish than was his wont to be; but they observed, at the same time, that the intelligence had decreased considerably. He has remained up to this moment in a condition bordering on dementia. Cox asserts this means useful in epileptic mania. I have not observed its beneficial influence. I quote the results which Cox obtained from it in intellectual disorders, &c. Horn reports the case of a patient cured by it. A preacher born of insane parents, aged fifty-two, having lost his reason for a number of years, offered all the symptoms of a furious mania. All sorts of means were used, but without success. Horn exposed the patient to the action of the rotary machine, and his mind recovered its natural exercise. The conclusions to be derived from what I have said on this subject are as follows:—1st. The rotary motion is a means which promises advantages in mental disorders. 2. Its debility is but momentary, and not productive of bad results: I have observed only one exception to this rule. 3. It is an efficacious means of coercion. 4. It is useful to excite vomiting in cases where emetics prove ineffectual. 5. It is useless in madness from organic disease, and in that with great sensibility. 6. It should be avoided in mental alienation with a propensity to apoplexy. 7. It calls for prudence in delirium with plethora. 8. Great circumspection is necessary in madness complicated with phthisis. 9. It should never be permitted but in the presence of a physician. 10. It appears to be principally useful before the explosion of a maniacal paroxysm, and in periodical mania. 11. It promises advantages in monomania with sluggishness and nonealance. 12. It suits equally in mental alienation with a suicidal propensity. 13. It is said to be a good measure in mania with epilepsy.

Means acting principally on the Intestinal Tube.—The ancients as well as the moderns have acknowledged their efficacy.

I. *Emetics.*—They are particularly useful in the commencement of mania, and in that of different species of monomania. Perfect commences his curative method, with almost all lunatics, by emetics. Esquirol approves highly of their employment in the commencement of madness. Dunne says that they are often capable of arresting or pre-

venting a paroxysm of mania. He thinks that their use should be frequently repeated, and at close intervals. Daudebertières reports a case of madness from a fit of anger, which was cured by emetics. Hufeland furnishes an example, proving how efficacious these means are in commencement of mania. A man, says he, was taken in the night with a violent paroxysm of mania; he was given an emetic and became well. Prost reports that Billerey, a physician of Grenoble, cured a very furious mania by an emetic administered many times. Muller, of Wurtzburg, found an emetic very useful in mental alienation with fixity of ideas: when the patient is fearful, when he believes in an evil future, when he is taciturn, or does nothing but weep. In all the varieties of monomania which approach the fantastic, in suicide and misanthropy, emetics are capable of being very useful. The effects which they exert in nostalgia and erotomania, are less satisfactory. Advantage is obtained from them in insanity accompanied by nonchalance and an indisposition for locomotion; for the patient is thus made to move himself. If there be a state of languor in the system of the vena porta, and a want of energy in the biliary secretion, vomits, by reanimating the vigour of this set of organs, may suit in mental alienation. Their utility is not less great, when the derangement has for its cause or its effect the suppression of the menstrual flux or of hemorrhoids. They are demanded in different varieties of monomania, by reason of the sweating which they favour, as this excretion is often here diminished or absent; it is particularly when the delirium assumes the form of sadness, that the effect is very marked, and then vomiting may be an advantageous means. The foregoing are the principal indications for emetics. They should be used with great caution. They are contra-indicated in mania, where the cerebral excitement is vascular and not nervous, as apt to lead, as Haslam has seen, to apoplexy, &c. We should fear their use in cases of pregnancy, where there is great oppression of the chest, a disposition to hemoptysis, considerable hernia, &c. Debility would be also an obstacle to their employment, as tending to enfeeble still further. Most lunatics resist ordinary doses of emetics. Nevertheless, we should be circumspect in giving tartar emetic in enormous quantities. It will be always preferable to test, by an ordinary dose, the sensibility of the digestive organs: by acting otherwise, we risk the production of considerable vomiting, hypercatharsis, and even death. Amongst the substances which medicine possesses to provoke vomiting, there is none more suitable than tartar emetic, from its being taken in pure water, &c. The dose varies with different individuals. In most cases, we may resort to ten grains. We may equally resort to emetine, as being destitute of colour and odour, and by reason of its small dose $\frac{1}{16}$ gr. suffices for a sane man. It would be imprudent, as Celsus and others counsel, to place the medicine in his food, because the patient might fear poison, and refuse aliments. The best method of administration is in distilled water, seeing that the patient took nothing acid or astringent.

We have described the utility of vomits in different cases of mental alienation. In order to obtain from these means the same advantages with less general disorder, vomits in small doses, so as merely to nauseate, have been proposed. Dr. De Vos, of Berlin, who has made much use of tartar emetic in this mode, assures us that he has thus cured a number of lunatics. He recommends its use in fantastic monomania; and in mental alienation with torpor of the muscular and circu-

latory systems. I think with Cox, that nausea would be useful in mental alienation with orgasm of the circulatory system. In suppression of the menses (depletion having been previously made), in torpor of the system of the vena porta, in suppression of the hemorrhoids, &c., nausea may prove serviceable by the concussion which is given to the abdominal viscera. In general, the curative indications for emetics in broken doses are in many respects almost the same as those which we have already seen for vomits. This means would be, other things being equal, more to be preferred in the commencement of mental alienation, than when the affection has been existing some time. It would be useful in all cases in which the attention of the patient is strongly concentrated upon the same object, by turning the thoughts of the person from the subject of his delusion. It is in these sorts of cases that Müller, of Würzburg, has made great use of tartar emetic in broken doses. With a mania, this treatment would be equally useful, by its diminishing the energy of the intellectual faculties. My experience has not realized that which many authors assert of the efficacy of this means in mental alienation. I have given at the hospital for male patients, at Ghent, during fifteen days, tartar emetic to many melancholies and maniacs, without observing any sensible moral relief. Dr. De Vos takes a grain of tartar emetic, in three ounces of distilled water, and gives it by spoonfuls, until nausea ensues, augmenting the dose according to the susceptibility of the subject. In some cases, he takes eight grains of tartar emetic and four ounces of distilled water, giving, from time to time, a spoonful.

II. *Purgatives*.—As derivatives, purgatives are indicated in monomania and in mania. For a long time the efficacy of purgatives in mental alienation has been recognised, and there are few writers on the subject of insanity who have not mentioned them; all have proclaimed their beneficial effects. Their employment, however, exacts prudence: if an energetic purgative is given, by prolonging the excessive alvine evacuations, we risk the passage of the disease, whether mania or monomania, into dementia: the state of the vital forces should decide us here. They would be hurtful in dementia, on account of there being debility of the intellectual organs. For the same reasons they are only admissible in the commencement of mania, or in that of monomania. They may be indicated in mental alienation with constipation, sluggishness, and aversion for muscular motion. We should, however, have always in view the state of the vital forces. They act in sluggish cases by necessarily making the patient move about somewhat. This symptom is an attendant of melancholy. They are indicated in mental alienation from suppression of the lochia, of the menstrual flow, and of hemorrhoids. The ancients frequently solicited alvine evacuations in mental alienation. They employed drastics; the moderns eccoprotics. Hellebore, their great remedy, was aided by the divulsion in making the voyage to Anticyra to take it, &c. It has been particularly used in mental alienation with sadness. Hoffman, Vogel, and Ludwig have renewed the ideas which the ancients attached to the virtues of this remedy. These authors think it specially indicated in partial insanity; this would result merely from its irritating the intestinal tube, as monomania is often the result of abdominal obstruction. We, at present, when purgative substances are better studied and better known, prefer those whose action is less energetic. The saline purgatives, rhubarb, aloes, and the root of jalap are used the most frequently. *Clysters*.—These are little used in mental alienation;

there is no want, however, of useful indications: they may perhaps give great relief, but the obstinacy of the patient, his great restlessness, and the perversity of his conceptions, cause these means to be almost always rejected by him. They would be of great service in constipation, and in cases of mental alienation having their origin in abdominal obstruction. Kampf has written largely upon the efficacy of clysters in obstruction of the abdominal organs, and gives all praise to them: his injections are composed as follows:—The root of the dandelion, of the saponaria, the leaves of the carduus benedictus, of fumitory, and of white marrubium, the tops of yarrow, the flowers of chamomile and of verbascum, and bran. The whole boiled in water composes the clyster. Buchan counsels stimulating clysters in furious mania. I am not able to determine how far this opinion is admissible. It is, however, extremely difficult, or even impossible, to administer such a means to a furious maniac. The *ascending douche* has been equally counselled to overcome constipation, to unload the large intestines, and to change the spasmodic condition of the intestinal tube.

Means acting on the Skin.

Warm Baths.—If we may believe Cullen, the warm bath is of little use in mental disorders. In mania, says he, it is rather hurtful than advantageous; but he thinks there are sufficiently favourable indications for its use in some of the varieties of monomania. Cullen adds, that, in order to obtain advantage from the warm bath, it is necessary, at the same time, to employ the cold douche upon the head. Pinel confesses, in all his writings, a decided aversion for warm baths employed as curative means in insanity. He attributes the incurability of a great number of the insane to the debility ensuing from this means. The idea of Pinel is too exclusive. Experience, according to the report of Tuke, has taught, in the Quakers' Retreat, near York, that the warm bath is a good means of cure, and that it is particularly useful in melancholia. Dr. Muller, of Wurtzburg, makes an equally great employment of this means, and assures us that he has not observed marked hurtful effects. Cox has employed, with much success, warm baths in mania, and has often infused in them rosemary and other aromatic plants, in order to dispose the patient to submit easily to this means. The warm bath may be rendered more stimulant by the addition of soap, of flowers of sulphur, and of alkaline and saline substances. Muller employs warm baths rendered stimulant by the addition of mustard or hydrochlorate of soda. A lunatic for a long time demented, was placed in the salt bath many different times, and recovered, by this means, from his disease. The temperature at which we should commonly employ the warm bath is from 86 to 96 degrees Fahrenheit. This subject admits of the following heads:—

1. The warm bath is hurtful in mental alienation with feebleness of the functions in general.
2. In a subject in whom the functions are not feeble, and where the malady is but recent (an important point), it is useful, acting derivatively.
3. It is advantageous to prevent the explosion of a maniacal paroxysm, either in the interval of the same attack, or in convalescence, paying always due regard to the condition of the vital forces.
4. Experience has demonstrated that warm baths are of great utility, when the mental alienation has the character of the neuroses. This condition is very familiar in the commencement of monomania. It is to be recognised by an extreme nervous susceptibility, by agitated move-

ments, and irregularities in the animal heat. 5. Esquirol asserts that it is very useful in mental alienation with refusal of nourishment. 6. Frank makes use of this means where there is want of sleep, and great excitement of the intellectual functions. 7. The same author recommends its employment equally in mental alienation with a rough and foul skin; in that which is the result of a suppression of the cutaneous secretion, or of a repelled teeter, or from an erysipelas, or transient exantheme, and any other diseases of the skin in which we have to re-establish the perspiration. 8. Warm baths are also useful to re-establish a suppressed evacuation, as the menstrual, hemorrhoidal, lochial, &c. 9. Ferriar employed with great success the warm bath with a maniac. He thus produced, during the maniacal paroxysm, a great diminution in the muscular energy. Cold fomentations upon the head, and other means, completed the cure. 10. Warm baths rendered stimulant by salt, soap, or mustard, are particularly useful to gloomy, taciturn, and sluggish monomaniacs, in order to excite them to an aptitude of corporeal motions. The most suitable method of employing warm baths, is to gradually augment the degree of heat. Commencing at sixty degrees, the temperature is augmented to 96° Fahr. We must be cautious when the patient is inclined to suicide. In all cases, it is prudent to be on our guard against fainting and convulsions, which may supervene. Our remarks, with respect to warm baths, apply also to pediluvia and hip-baths. Schneider says that Lucett employed with success upon the head warm water of 90° and 108° Fahr. This would always be dangerous, because it exposes to scalding, the face, eyes, or other parts.

Cold Baths.—As productive of apoplexy, &c., cold baths are imperiously prohibited in madness with plethora; they are also in that with great feebleness; a medium is requisite. If the derangement proceeds from organic disease, they will be equally useless. They are much in vogue in England for the cure of madness. There are few practitioners of that country who do not attach to this means great value, but, as I have said, its employment is not applicable but to some cases. 1. They are recommended when the cause is a debilitating one. In this category are, excessive coition, abuse of drinks, and all the sad and unpleasant emotions. Feebleness of the pulse, and diminution in the cutaneous heat, are symptoms which speak most in favour of this means. I cannot partake in the opinion of Schneider, who says that the cold bath may be useful in madness with great sanguineous congestion of the head: in such a case it would but aggravate the disease. 2. They are equally indicated when feebleness of intellect enters into the nature of the mental alienation, from their tonic nature being capable of rendering great service. It is thus that Esquirol, if the debility is not too much advanced, recommends them in dementia; he then prefers river baths. 3. Ferriar has made great use of the cold bath in melancholia. 4. Dr. Richard, of Osnabruck, gives us the relation of a case of puerperal mania cured by cold baths, after having resisted a number of means. 5. They are of acknowledged utility in many maladies which accompany madness; such are paralysis and scrofula. We cannot leave the patient in the cold bath longer than some minutes; ten minutes is the minimum; half an hour the maximum. Schneider speaks of the bath of snow, and says that Mellin has cured a monomaniac by placing him in a vessel filled with snow. We may easily conceive that this means can be applicable but little, from the excessive cold.

Douches.—The douche consists of a column of water let fall on the head. The pipes may be of copper or leather; the latter are preferable, on account of the inflections which may be made in them. The douche is descending, lateral, or ascending. The column of water (managed by a cock) is ordinarily from six to twelve lines in diameter. The water is simply cold water, sulphurated water, or mineral. The douches are either cold or warm, and the patient may receive them either in or out of a bath: in the latter case, he is fixed upon an arm-chair by fastenings; in the former, the bath should have a lid, the patient's head being out. (On the plate given, the reservoir of water is 10 to 15 feet above the patient's head. G.) The cold douches are preferable to the warm, on account of the shock. In feeble subjects the douche acts as a sedative, in the robust it is excitant. The part to which the douche is usually directed is the vertex; sometimes it is made to act on the hypochondria. Schneider speaks of a kind of douche of small drops, such as was employed formerly to torture criminals. The head is shaved, and the water falls upon it from the height of from ten to twenty feet. This means is too painful, and should be banished from the medical art. Little importance is attached, in France, to the usefulness of the douche in insanity. Georget says that these measures are hurtful to lunatics: in Germany it is used more extensively, nor does it appear so hurtful. According to Muller, of Wurtzburg, a man aged about twenty-eight is admitted in a furious condition to his hospital: they give him the cold douche upon the belly, and in an instant he becomes docile. C. Schwik, says Horn, lost his mind insensibly without known cause: he was given the cold douche upon the head, whilst he was in the warm bath, and having repeated this means three weeks, he recovered his reason. *Case.*—A woman, according to Hufeland, became insane, in consequence of an unexpected change of fortune; she showed a suicidal disposition: she was placed in the warm bath, cold douches on the head were administered, and she recovered her reason. Subsequently she broke her thigh and relapsed. *Case.*—He mentions another female, deranged from pride, who was restored by the same means, repeated twice daily. After the first trial, sleep was more tranquil, and she was less irrational. A slight relapse took place, but reason was restored. The employment of the cold douche is particularly useful in mania: it demands, however, a boundless precaution. If mania occurs in a robust individual, plethoric, with red face, and sparkling eyes, affusions of water, unless preceded by bleeding, might produce fatal consequences. The douche would be very useful if the symptoms in mania seemed in a measure concentrated on the nervous system; by a sort of strong revulsive action, both moral and physical. It would be efficacious, for the same reasons, in many varieties of monomania, especially in the chimerical, and hypochondriasis. Van Swieten asserts that the cold douche is eminently salutary in mental alienation with sleeplessness, and that in this case it produces almost always good sleep. Douches of thermal sulphureous waters may be useful in madness proceeding from cutaneous diseases, itch or tetter.

Baths of Affusion.—Another kind of douche is the bath of affusion. This consists in turning some buckets full of water from a height, more or less great, upon the head or other part of the body of the patient. A machine for the same consists in a box or reservoir turned on two pivots, so that the upper part may become the lower. It is placed at a convenient height (four feet above the patient's head, in plate. G.), and is

turned over by a cord attached to a hook fixed to one of the superior edges. Its effect is more violent than that of the douche. The curative indications are the same as those of the douche in general. We may make use of either cold or warm water; the first is preferable in connexion with the disagreeable sensation which it excites.

Aspersions.—Aspersions of cold water are in a small, what the douche and bath of affusion are in a great way. They are made on the face, and are particularly useful for indolent patients, and those who are plunged in stupor. *Lotions of cold water* upon the head have been especially recommended in dementia. But discretion is necessary in the employment of these means, as with all those having connexion with them; and we should never lose sight of the fact, that applications of cold are considered amongst the causes of dementia. If, however, their application is not too much prolonged, they may produce a salutary reaction in this affection. Van Swieten and others think that lotions of cold water upon the head would be particularly suitable in mental alienation arising from strong heat, from coup de soleil, and in that from the abuse of wine or other spirituous liquors; but we should keep in view the state of the sanguineous system. Cold is a means as dangerous in the exaltation of the forces as in a state of feebleness. It is a practice sufficiently general, that of employing applications of cold water and pounded ice upon the head, in mania with exaltation of the sanguineous system; but do good effects really result from it? Does it not tend to concentrate the blood in the encephalic vessels? Heinroth proposes to cover the head, in cases of this character, with a vessel of mercury; but this is impossible. Some physicians have obtained advantages from the application of cold water to the genital parts in mania.

Bath of Immersion.—This is more violent than the douche, the bath of affusion, or the application of cold water; it considerably affects the patient, and its utility is based upon the fear which it inspires of impending suffocation. I have spoken of its utility: it is sufficient here to describe an apparatus for putting it in execution. Willis has imagined an apparatus for the purpose, a sort of swingate; but his invention is imperfect, and the apparatus which I give (in the plate) appears to me better qualified to fulfil our purpose. To render ourselves master of the patient, and to shun suffocation, are the two important measures which we must take in a bath of surprise. In the centre of a bridge across a pool or stream of water, is a small Chinese temple, which encloses a cage of iron; the latter moves up and down by grooves; to this is attached a cord reaching to the opposite side of the water from that on which the patient comes into the temple; this is moved by a wheel provided by a trigger; and there are such arrangements of pulleys, &c., connected with the cage, that it can be lowered and raised at pleasure; the patient, when let down, being immersed to his neck. A servant on one side shuts the door on the patient, whilst a second on the other loosens the trigger connected with the wheel. The construction of such machines cannot be too much varied; a stratagem, commonly, not being capable of answering but for one application with the same patient. We may place upon a pool or canal a little bridge, which may be made to give way; and the patient, after falling into the water, may be recovered by a rope. This means, however, would be more or less dangerous. Facts cited by Dr. Richard, of Osnabruck, prove the efficacy of cold water, especially in insanity. He reports three cases of puerperal mania in

which cold water has produced the most salutary effects. He employed affusions upon the body, the bath of immersion, and cold water internally, in the first case. The second, a case of furious mania, was rendered calm by aspersions of cold water on the body, and by the immersion of the head in the same liquid. The third was a case in which had been tried without success a number of means, which was cured by the bath of immersion and ablutions of cold water.

Epispastics.—Of these, cantharides are most in use. We have recourse to these means with different intentions. If the insanity succeeds the suppression of a cutaneous disease, of a tetter, an erysipelas, or any other repelled eruption, vesicatories are the means, *par excellence*: they are preferably applied upon the place where the disease at first existed. The obstinacy of the patient, &c., limits the use of these means in mania; they here suit most as derivatives. The calves of the legs are the best place. Some practitioners advise the neck or top of the head. Dr. Willis observes, that applied in this manner they are more hurtful than useful. Hufeland gives us, however, the case of a patient whom he cured by a vesicatory to the top of the head. The day after taking it off the patient recovered his reason; but he was irrational on the third day. The vesicatory was made to suppurate, and the patient recovered. Vesicatories are employed in monomania, but particularly as derivatives. The end proposed in these sorts of cases is to act upon the cerebrum by the pain which they excite. Being applied upon the sensible surface of the skin, they force the patient to direct his attention towards this painful sensation, and make him abandon, for the moment, the vicious chain of his ideas. It is in fantastic and joyous monomania that vesicatories are particularly indicated; but to be really advantageous, their application must be reiterated. Dr. Schneider very well observes, that their use should be prohibited in erotomania, nymphomania, and in madness accompanied by satyriasis and priapism: the action of cantharides might have a fatal effect in these affections. In dementia it is not as derivatives that vesicatories are indicated; the irritation of the brain is here indicated in a curative manner; consequently, the application of these agents should be made upon tissues which promptly transmit their irritation to the organs of the understanding. They are placed with this view upon the top of the head, to the nucha, or behind the ears. Mental alienation accompanied by paralysis may exact the employment of vesicatories. Sinapisms, although they act less violently than vesicatories, suit, in many respects, where the latter are indicated.

Artificial Wounds.—Löfler cites the case of a lunatic who was cured by incising the skin of the skull. The wounds were kept open, and the patient recovered perfectly. Vering, according to Schneider, has made use of this means with success. Haller speaks of a demented patient who recovered his reason by a wound of the skull. Cox mentions a case of cure from this cause, and proposed the trepan, &c.

Exutorics.—Issues are principally indicated in cases from suppression of a cutaneous malady. Casper knew at the Salpêtrière a female, aged thirty-eight years, who had an issue on the arm for four years. She let it dry up, and became maniacal. An epispastic was placed on her arm, and the whole limb was covered with a phlegmonous erysipelas. The issue reopened itself, and the patient was from that time cured. She let the issue dry up a second time, and mania again manifested itself.

Case.—A man became furious, in consequence of the suppression of a

habitual ulcer on the foot, he was restored to reason by the application of an issue upon the cicatrized place. A patient attacked with periodical insanity, after seven or eight years, was improved by a cautery on each leg. We should take care that we are not restricted in our practice to the employment of exutories; these are not useful but when they accompany other agents, physical or moral. In their application, the purpose is almost always derivative. This action differs from that of vesicatories in being more permanent. The mental alienation which develops itself towards the change of life, and which is connected in its development with anomalies of menstruation, calls strongly for their employment. Frank recommends them particularly in insanity with the arthritic or scrofulous diathesis. The place of application varies. If it is desired to recall a cutaneous malady, an exutory is placed near the spot where the primitive affection existed, and, if possible, even upon the cicatrice. We apply them, derivatively, to the extremities, to the hypochondria, or to the epigastric region. All things being equal, we choose, always, a place which renders the application of the exutory as little inconvenient as possible, that the patient should not be much irritated.

Inoculation of the Itch.—This has principally been proposed, in order to arouse those too much abandoned to inactivity. But would not powdering the garments of the patients with cowage fulfil the same purpose? Would not vesication suit equally as well? This inoculation has been recommended when insanity arose from repulsion of this eruption. We find, in the Journal of Hufeland, a case of melancholy, arising from suppressed itch, which was cured by the inoculation. Chiaruggi asserts, that he has cured dementia by the inoculation; and Metzel, according to Reil, has cured by the same means a demented patient who was in a state of complete immobility, having no desire to drink or eat, and with whom various means had been employed without success; his insensibility was such, that twenty-five grains of tartar emetic produced upon him but a slight vomiting. He was inoculated with the itch, and three days after this operation an inflammatory fever declared itself; on the seventh, the itch became manifested, and the fever appeared no more; on the ninth, the patient began to reason with sufficient exactness, and in a short time the understanding regained its ordinary vigour.

Seton.—The seton is very analogous with the means which we have seen. Perfect has made great use of it, and Ferriar reports the case of a patient become insane from a suppressed eruption, whose recovery was due to a seton to the nucha. It has been much employed in insanity, but the observations attesting its success are not numerous. Everything leads us to believe, that applied to the nucha, or between the shoulders, it can but be useful in dementia.

Moxa and the Actual Cautery.—Moxa, to the top of the head, has been proposed in the different species of mental alienation. Larrey has frequent recourse in nostalgia to moxa applied to the shoulder. Georget thinks this means particularly useful in madness with stupor and insensibility. Müller, of Würzburg, has not seen any advantageous effect from this means. Reil has employed, as a curative means in madness, burning sealing-wax, let fall in the hand of the patient. Valentin has employed in madness the actual cautery upon the crown of the head. Müller, of Würzburg, has repeated these experiments, obtaining no marked success from them. Gondret, according to Schneider, has cured a demented epileptic by the application of the actual cautery upon the bones

of the skull, after having made an incision through the aponeurotic covering. Dr Groos, of Pfortzheim, said he had made use, with much success, of the actual cautery, applied to the cranium, in two furious maniacs; one was radically cured; the other had a relapse. The success of these means belongs but to some rare cases, and we do not know how to decide upon their virtue in madness. Moreover, the actual cautery may lead to the most deplorable consequences, when its application is made upon a denuded portion of the skull.

Dry Frictions—Dry frictions and liniments were frequently used in the infancy of medicine; the utility which the ancients derived from them, in disorders of the mind, has been confirmed in our own times. Irritation of the cutaneous system, made by friction, is suitable in almost all kinds of mental alienation; these means excite the sensibility of the skin, and render perspiration more active. Frictions are made with the hand alone, with a brush, or with rough linen. Dry frictions are needed in those kinds of madness where there is a diminution in the perspiration. Monomania calls for their use more than any other mental alienation. In similar cases, they are not only useful to excite the cutaneous secretion, but, made upon the abdominal parietes, they lead to satisfactory results when the derangement is complicated with inertia of the organs contained in this cavity. They may then advantageously replace, according to Tissot, various exercises of the body, as equitation, riding in a coach, and others, which it may not always be in our power to employ. Boerhaave says that frictions, made with more or less gentleness, upon the crown of the head, are sometimes capable of calming the transports of furious maniacs.

Tartar Emetic Ointment, &c.—Case.—A farmer's wife, remarkable for the exactness of her mind, suddenly became insane; it took many men to restrain her; she then fell into an intense state of stupor. Bleeding, a laxative, and a vesicatory to the neck were unavailing. The pulse was full and frequent, and the respiration natural. Dr. Muller, of Pfortzheim, heard that she had, just before the attack, had a suppression of the itch from mercurial ointment, having been from that time more gloomy. Muller placed on her the shift and gloves of a person affected with psora, made frictions with the pomade of Autenrieth upon the breast, legs, and about the neck, and internally gave sulphur with calomel. Large pustules appeared, and the patient had some stools. The chronic eruption gradually appeared, and in a little time she recovered. *Case.*—A country girl coming to Ghent on a visit, after being there fifteen days, her mind became suddenly troubled. My colleague, Dr. Hulst, was called, and ordered a bleeding of ten ounces, and a purgative. The pulse was sufficiently full, and she was regular. This state remained five days, and I was called in consultation. I found a tranquil mania; she scarcely recognised her parents and best friends. I remembered Dr. Muller's case, and learned, on inquiry, that she had an eruption of pimples on the back, and that she had been several times affected with psora. Her head was shaved, and frictions of tartar emetic ointment made, formed in the proportion of a drachm of tartar emetic to an ounce of hog's lard. She took sulphurated baths, and internally the milk of sulphur. She then went home, pustules appeared, and she regained her reason: foot-baths were also used; whilst at home she would not suffer any one to approach her, and did not wish to eat or drink. Four months after mania declared itself anew; she laughed and wept without motive. Antimo-

nial frictions on the crown of the head were used, and in a few days mental alienation vanished. *Case.*—A female, aged sixty-eight, an inhabitant of the country, who had always led a sober and regular life, experienced an attack of apoplexy, attended by stupor and paralysis. Suddenly the paralysis disappeared, mental disorder came on, and in a few hours she was in a complete state of mania. Leeches were applied to the head, sinapisms to the feet, and vesicatories to the legs, with little or no amelioration. Dr. Houdet and myself then saw her: we gave her digitalis internally, and used antimonial frictions on the crown of the head. In proportion as the pustules developed themselves, the change in the intellectual functions was greater and greater, until, within fifteen days, there was no symptom of mania. The intellect, however, yet vacillated in its ideas. The frictions were repeated, and, in two months, the patient recovered completely. [He gives, moreover, two cases, in which there was great amelioration, but no cure; the first a female, arising after cephalalgia, somnolence, and then fever, the fever continuing to be complicated with it; and the second a male, periodical case, arising after suppression of a cutaneous disease.] A great partisan of the frictions with the ointment of Autenrieth (*unguentum antimonii tartarizati*) is Dr. Müller, of Würzburg, who employs this means, almost indiscriminately, in all kinds of mental alienation. Lotions made with a solution of tartar emetic, on different parts of the body, have not appeared so efficacious to this physician as the pomade. He concludes, from his observations, that this means is more efficacious than all those which the art possesses for the cure of mental disorder. *Case.*—*Moral Insanity.*—Verplactse, aged 37, had been, for six months, affected with madness. He was cunning and rebellious; he had been three months at the hospital of Ghent. He took the tartar emetic fifteen days, without success. Dec. 17th, 1823.—Tartar emetic ointment was rubbed on the whole of the shaved head. The pomade was composed of a drachm of tartar emetic to an ounce of lard. A piece as large as a hazelnut was employed at each friction. One was made daily. 21st. Pimples in suppuration; pale; feels feeble. 25th. Agitation; less docile. 30th. Active suppuration; pustules; diarrhœa. Jan. 5th, 1824. Tongue dry, thirst; refusal to eat. 13th. Very meagre; scarcely able to rise from his bed; complains bitterly of the pain from the pustules. 20th. Diarrhœa persists; frictions to this time had been daily from the 30th Dec.; they were now ceased. 7th Feb. The diarrhœa is diminished; the pustules have passed away. The patient is always very feeble: the *mind* has not experienced the least favourable change. 15th. He regains his strength. 20th. In the same condition, physical and moral, as before the frictions. *Case.*—*Fantastic Monomania.*—Wevers, aged 35, has been attacked, for a month, with fantastic mental alienation. He fancies himself to have the head of another person. The cause appears to be the abandonment of himself and three children by his wife. He entered the institution the 25th Dec., 1823. Frictions with the antimonial pomade upon the head. 30th. Pustules. Jan. 10th, 1824. No moral amelioration. 20th. Frictions ceased. 25th. No moral amelioration. 30th. Same state. 10th Feb. This means abandoned. *Case.*—Last degree of dementia; aged sixty; he lost his intelligence and memory immediately after having a syncope. He forgets everything, not even recognising his bed or chamber; neglects to eat and drink, and shows great difficulty in collecting his ideas; he is pale. The disease has existed two months.

The frictions were made from the 15th Dec. (1823) to the 15th Jan. (1824), with no mental amelioration. *Case.*—Melancholy. Goossens, aged 42, since 18 months at the hospital; accuses his wife of having wished to destroy their children. The frictions were commenced on the 15th Dec., 1824. They caused obstinate fury in the patient, who resisted the attempt to make them. They were continued to the 5th Jan., 1825, when they were stopped, an œdematous swelling of the eyelids manifesting itself. There was not the least moral amelioration. *Case.*—*Mania without Delirium.*—Aged 36; robust; deranged 17 months; in a state of continual fury; scull very prominent towards the ears; reasons well on a number of subjects. 15th Dec., 1823. Frictions. 25th. Suppuration of pustules. Jan. 15th, 1824. Stopped. 30th. No moral amelioration. *Case.*—*Mania changed into Dementia.*—Æt. 28; in the institution since four years back; grief was the cause of the disease. Not the slightest moral amelioration from frictions. *Case.*—*Dementia.* Aged 24; pale; feeble; fair; tall; beardless; taciturn; has been a year in the hospital; onanism the assigned cause. Not the least amelioration from frictions, and he remained always saddened. *Case.*—*Dementia following Mania.*—Aged 45; deranged three years; his delirium was at first intermittent mania, which soon passed into dementia. Domestic griefs appeared to be the cause. After frequent attacks of epilepsy, he had a stroke of apoplexy, to which succeeded paralysis of the left side. Dec. 5th, 1823. Frictions. Jan. 10th. Pustules. 20th. Suppuration of pustules. 25th. Whole scullcap in suppuration. 27th. Frightful apoplexy. 26th. Death. *Case.*—*Tranquil Mania.*—Aged about 40 years; an old soldier; since five years at the hospital. Not the least moral change resulted from the frictions. An intense ophthalmia was caused, which was treated by an emollient cataplasm to the head and eyes, and was dissipated. *Case.*—*Dementia.*—Aged about 40; since five years at the institution. At first he was maniacal. Not the least moral change resulted from the frictions. Deep ulceration was produced, which was treated by an emollient cataplasm: these were healed. *Case.*—*Dementia.*—Aged 36; he was at first maniacal, but later the disease passed into dementia. The frictions caused swelling of the eyelids, so as to prevent their being opened; this was merely temporary. He remained in the same state of imbecility. These observations were made at the Hospital for men at Ghent. I am able to report others, but only negative in their import. More than thirty individuals were submitted to the frictions; and I was not able to remark the least favourable change. Many of these have suffered from inflammation of the conjunctiva, &c. That which is worse is, that I became an object of horror to the unfortunates submitted to my experiments, since they saw in my person the source of their sufferings. The conclusions to be derived on this subject, from the preceding observations, are as follows:—That this means has produced advantageous results, in the cure of mental affections, is incontestable: that, in a number of cases, on the other hand, it has not produced the slightest moral amelioration: that we do not possess any certain rules for its application: that, however, amongst all the different species of mental alienation, most success is promised in that proceeding from a repelled eruption, especially psoriasis: and that experience has hitherto decided that this means is particularly suitable in recent mental alienation. *Frictions with the Pommade of Kopp.*—Kopp has made frictions with an ointment composed of calomel, digitalis, and lard. It is less violent in its

action than that of the tartar emetic alone. It is more prompt, but less durable in its action than the pomade of Autenrieth. Frictions with this appear to have less virtue than those appertaining to the tartar emetic ointment. *Stimulating Liniments.*—I have made upon the head trials in dementia and melancholy, with liniments composed of the tincture of cantharides, Hoffman's Balsam of Life (a tincture of ambergris and essential oils), camphorated alcohol, æther, and others; but I have not obtained the least success from these means. An individual was rubbed upon the head and spine, for three weeks, with a liniment composed of treacle and oil of rosemary, but not the least moral amelioration was manifested. This patient became insane from onanism, and addicted himself daily to this fatal habit. Esquirol, according to Casper, employed the same means in a similar case.

Bleeding.

The remarks which I here make, and those on *tonics*, are intended to demonstrate that the exaltation of the sanguineous system often exacts the use of sanguineous depletion, but that tonics and excitants may also find not less useful indications. As to the indications of bleeding, authors have rarely followed a proper medium. Haslam, Perfect, Joseph Frank, and especially the Mayos, have not ceased to proclaim the signal advantages of bleeding in disordered mind; and Celsus, Hildanus, and Paul Ægineta, and others of the ancients, have spoken of this curative method. The augmentation in action of the circulatory system is an index which invites the employment of bleeding. The general exaltation of this system, which is announced by the force and fulness of the pulse, the redness of the face, the general heat, the thirst, &c., belong particularly to mania. This sanguineous excitement is frequently, not to say always, consecutive from a phlegmasia, whose seat is in the brain. It is recognised in the fury and violent actions of the lunatic; the carotid and temporal arteries beat with force; the face is often red, sometimes livid; there is either a comatose state, or a want of sleep. The symptoms of phrenzy, says Reil, are those which the physician should take for his guide. He should then have regard, as in other maladies, to the temperament, cause of the disease, and other concomitant circumstances. *Case.*—Aged 36; of an athletic, bilious temperament; became insane without apparent cause. Being attacked with a furious maniacal delirium, he was conveyed to the hospital at Ghent: ten persons could scarcely restrain him. His face was red and his pulse beat with violence; the carotid arteries could be seen to pulsate; he struck and misused all whom he met. He was without sleep and constipated. Twenty leeches were placed on the neck, and the next day he was more tranquil. Application of the same number of leeches was repeated, and amelioration became sensible. During four months' stay in the hospital, two hundred leeches were applied. From time to time, ten, fifteen, or twenty were applied; and, each time, a striking amelioration became evident. He was cured after five months' stay at the hospital. *Case.*—Of ordinary stature, but rather delicate than strong. He is attacked every year, towards midsummer and midwinter, with a furious maniacal delirium. When the first symptoms appear, he is abundantly bled, and in a few days the disease is dissipated. If the sanguineous evacuations are neglected, the delirium makes terrible progress. *Case.*—A man, according to Perfect, strong and robust, becomes maniacal, and commits many acts of violence; he is bled

to fainting, the operation being repeated many times, and is cured in a short period. *Case*.—An opulent gentleman, says the same author, became insane; he offered extraordinary pulsations of the carotid arteries, and experienced severe pains in the head and left hypochondrium, and also precordial anxieties; he complained of depraved appetite, and of a feeling of constriction at the scrobiculum cordis; the abdomen was tense. Exutories were placed on him, and he took baths, but without the least effect. Perfect drew eight ounces of blood from the arm, and a seton was placed between the shoulders. He took internally nitre and the tartrate of potash; he was bled nine times, and the violence disappeared. He was perfectly cured. The abdominal viscera are sometimes in insanity in a diseased condition, and merit attention; the menstrual and hemorrhoidal flow. *Case*.—Two years before, at the critical age. Her menses flowed no more; religious fanaticism produced her derangement; she committed a thousand extravagances. Bleeding was repeated three times, and she recovered perfectly.—(Perfect.) *Case*.—Aged 30; of vigorous constitution; had her menses suppressed from violent anger; lost her mind, and furious rage characterized her derangement. Voluminous hemorrhoids appeared, the pulse was hard and strong, the skin hot and dry. A bleeding of ten ounces was made, which was covered with the inflammatory coat; a seton was placed between the shoulders, and she was given a slight purge. The bleeding was repeated, and she took the warm pediluvium. During this treatment her progress towards health was rapid. She was cured, although her menstruation was irregular during a certain time.—(Perfect.) *Case*.—A gentleman, long addicted to intemperance, felt, on a sudden, pain in expelling fecal matters, and other symptoms of hemorrhoids occurred, at the same time that mania declared itself. He had pains in the head; the eyelids were swelled, and there were convulsive movements in the muscles of the face and in the fingers; the pulse was strong, full, and hard, and the abdomen tender. A bleeding of twelve ounces was made, and showed the inflammatory crust. Camphor and soluble tartar were also administered; the bleeding was repeated, and the patient was shortly delivered from his delirium and his hemorrhoids.—(Perfect.) Here abdominal plethora was a cause. Cases also reported by Perfect demonstrate that bleeding is not exclusively useful in mania, and that it may find not less favourable indications in melancholia. *Case*.—Aged 45; had been attacked by blind piles and acute rheumatism; suddenly, without apparent cause, he became insane, and his delirium took the form of melancholy. After taking vomits, purgatives, and employing other means, Perfect drew six ounces of blood, ordered an antiphlogistic regimen, and in a little time the patient was entirely restored. *Case*.—Aged 44; melancholic; of plethoric constitution; she recovered her reason by sanguineous depletions. *Case*.—A young girl, aged 14; delirium assumed the character of religious melancholy; she had a fixed look; she could not repose at night; she was extremely fearful. Different means were employed without success. Perfect ordered a bleeding of six ounces from the arm: she took also camphor, nitre, and castor, and was cured after the second bleeding. *Case*.—A young man had been attacked, some time, with erysipelas of the face, and to relieve the pain, he made it disappear with a wash: mental alienation immediately declared itself; he was bled to syncope, and a seton was placed between his shoulders. His re-establishment was complete in a short time. *Case*.—A man affected with a scabby eruption, caused it to

disappear by a repellent. He was bled to fainting; a vesicatory was placed between the shoulders, and an emetic was given internally. The patient became more calm; the bleeding and the emetic were repeated, but the last did not cause vomiting: reason soon returned.—(Perfect.) After this, we see that Perfect had recourse always to general bleeding. Temporal arteriotomy, leeches to the head, anus, vulva, and other places, cups, simple scarifications, and opening the vena saphena of the foot, are, however, in many cases, to be preferred to general depletion. It is thus that we draw most advantage from temporal arteriotomy, when there is cerebral congestion, as in the disposition to apoplexy, and the application of leeches to the vulva or anus ought to be made preferably, if suppression of either hemorrhoids or menses have occurred. But bleeding, in whatsoever manner it be made, demands great precautions: more than once, fatal accidents have ensued, when the patient was not watched. It is an efficient means in mania with epilepsy, in order to prevent or diminish the cerebral congestions so frequent in this affection. Since the discoveries of Gall, it has been hoped that topical applications to the head would have a doubly efficacious effect, when the application was made upon such and such a part, corresponding to the original cerebral malady. This remark we principally apply to erotomania. Formerly, here applications were made to the genitalia; now, to the region of the cerebellum. Gall gives a case. [See Combe, G.] Ferrand assures us, according to Georget, that physicians have drawn advantage from the application of leeches to the nucha, and behind the ears, to individuals attacked by this affection. After having made known the utility of bleeding in mental disorders, and established the indications favourable to it, it is my purpose to add some words to prove the non-existence of increased sanguineous action, and the inutility of sanguineous depletions in insanity. A number of physicians, Perfect amongst others, as we have seen, have proved, by facts, the good results of bleeding in mental alienation. However, all those who have studied these sorts of maladies, in a great number of individuals, rarely praise bleeding. Pinel scarcely ever saw any good results from it, &c. Müller, of Würzburg, shares in the same opinion: he has rarely seen satisfactory effects from this means; he does not except even maniacal fury. Most of the patients who arrive at my hospital, says he, have been bled copiously, and dementia, in a great number, has become the sad result. Georget gives a similar testimony. Dr. Willis had already observed this evil effect, and Mr. Simmons, the physician to the Hospital of St. Luke, at London, makes the remark, reported by Lorry, that a patient became more irritable after more or less repeated bleedings. There are various reasons, too, for believing a nervous instead of vascular state to exist in insanity, and that, therefore, bleeding is not indicated; this is the case, even where strong vascular symptoms exist. Conclusions:—I. Bleeding may be, perhaps, useful in disordered mind. 1. If the cause of the disease reside permanently in the circulatory system, in plethora, in suppression of the menses, or hemorrhoids, or epistaxis. 2. If the cause is an inflammation of an abdominal or thoracic organ, which sympathetically affects the brain. 3. If the intellectual disorder proceeds from a strong external irritation; blows, falls on the head, and insolation. In these cases everything denotes inflammation and sanguineous depletion. II. If the cause be unknown, inflammatory symptoms may mislead, and the success of depletions will be doubtful. III. A case purely from a moral cause may produce inflam-

mation of the cerebral, thoracic, and abdominal organs. Depletions might in these sorts of phlegmasia render useful service, as to the diseased condition, but would rarely benefit the mental alienation. IV. A moral cause, as Georget says, may trouble the intellect, and, at the same time, other organs. Pight may render a female insane, whilst it suppresses the menses. Depletions and the antiphlogistic regimen would here render great service. V. If the cause is moral, and, immediately after the development of the disease, abdominal inflammation occur, bleedings on this region would but calm a symptom of madness. VI. If a moral cause produce excitement of the cerebral system to a considerable degree, bleeding becomes an indispensable means. VII. It is a difficult but essential point to discover whether the vascular action is due to local inflammation or is purely nervous. The latter is very frequent in mania and monomania: bleeding in all these sorts of cases is almost always hurtful.

Tonics and Stimulants.

There is sometimes a real, sometimes an apparent feebleness merely in insanity. The system of the two Mayos, father and son, looks upon insanity as being always an inflammatory condition, and never admitting of tonics. But in all time the success of stimulants and tonics, in some cases, has demonstrated the existence of asthenic cases of insanity. Formerly, in England, vanilla was famous for the cure of melancholy: vanilla is, however, a substance very stimulating. Pargeter has made great use of it, and cites the cure of four melancholics from its employment. Ferriar obtained the most happy success, in madness with depression, from Peruvian bark. He often united this tonic with opium and aromatics; and cured, radically, by this combination, an insane female. Perfect cites different cases in which bark was given with success. Reil has proved the excellent effects of bark in dementia with the intermittent type. Georget assures us that he has employed with success bark and other tonics in remittent insanity. Dr. Castel utters, amongst others, these remarkable words: "More than once I have seen insanity yield to bark." *Case.*—A girl, aged 24; of highly nervous temperament; thin; black movable eyes; fair, clear skin; looks lively and piercing; black hair, &c.; was frightened at night, and exposed herself to cold. The next morning she complained of rheumatism in the arm, which disappeared from frictions made with the volatile liniment; but the mind showed symptoms of being disturbed. This augmented from day to day, and, after six weeks, she was transported to the hospital at Ghent. She was, at her entrance, inexhaustibly loquacious; she spoke upon various subjects, but without the least judgment; she knew, however, her neighbours, and recollected all that had passed before her disease. The evening of her entrance a bleeding was practised by a pupil. The next morning she became furious. From that moment she exhibited symptoms of amorous mental alienation; her mobility was so great as to require means of repression. The blood drawn had the inflammatory crust. The second day she was ordered twelve leeches to the head. She became insupportably gay and loquacious. The professor of clinique, M. Van Rotterdam, thought he saw a state of debility with excess of sensibility. He ordered a decoction of bark, in which was infused serpentaria virginica. Next morning the delirium had almost disappeared. In four weeks she was perfectly cured, always taking the same remedies, joined with red wine and good broth. *Case.*—A negro, driven from home for a

domestic robbery, after wandering about, without means of subsistence, was at last taken home by an Englishman, but showed, almost immediately, signs of mental alienation. His body was wan; his eyes dull; pulse very frequent, but weak; extremities and nose cold; paleness of tongue remarkable; loquacity continual, confused, and incoherent. He constantly turned his head to the contiguous wall, as if attending to some voice. In ten days the delirium was complete, and he spoke not a reasonable word. I prescribed good broth and a decoction of bark. During the first days reason made little progress: the tongue, however, became redder, the pulse stronger, and the nights more tranquil. After fifteen days' perseverance in the same means, there was manifest amelioration in the intellectual functions, and, in about a month, he became perfectly reasonable. In a few months after he died of phthisis. *Case*.—A young theologian abandoned himself to study with a sort of fury. He became maniacal, and was transported to the hospital at Ghent. Various means were employed by Dr. Hulin, but without success; he remained maniacal. His father, a physician, proposed bark, and, in a short time, amelioration followed, and he was cured. These cases are opposed to the exclusiveness of the Mayos. Perhaps there is more prudence required with regard to tonics, in intellectual disorder, than in any other. I can cite cases in which all the indications appeared united for the employment of Peruvian bark, and yet no advantage resulted from it. There is a periodical case at Ghent, approaching mania without delirium, and attacked on a fixed day, the delirium lasting six days, and succeeded by perfect sanity. Dr. Hulin and myself had given him, at various times, bark, but without the least success. Still these are not reasons for banishing tonics from our treatment of mental disorders. The cases in which they suit are not numerous, but there are facts showing that they exist; and, moreover, in directing our attention towards the numerous causes of mental alienation, it is impossible not to find agents weakening the natural energy of the system, such as sedentary life, disappointed love, &c. This feebleness being very common in dementia, it in general demands the employment of tonic means. The system of the vena porta especially, and the abdominal viscera in general, often are affected with feebleness. The means raising up the energy of the system are indicated when insanity depends on such a cause. Tonics are also indicated as useful, when the digestive organs are in a true state of feebleness. Loss of appetite, paleness of the tongue, slow digestion, sometimes being absent, are phenomena which, when they occur from want of tone in the organs of digestion, invite to the employment of tonic means. But, as I have often observed, we ought to be circumspect in not taking the diminution or cessation of the functions of the primæ viæ for atony when it depends on irritation of the viscera which compose this apparatus of the organs. Tonics are also advantageous when the mental alienation is accompanied by feebleness, paralysis, scrofula, and scurvy. Whatsoever be the cause and the complication of mental alienation, true feebleness is a cause which calls for the use of tonics. The choice of these means should be based upon the difference in the cases which we treat. Amongst tonics, the most efficacious is, without doubt, *bark*. It is particularly useful in periodical mental alienation, and in those cases which arise from onanism, or are complicated with it; in dementia, and especially in that which arises from intermittent fevers, protracted or treated by too debilitating a method, and upon which Sebastian fixes the attention

of practitioners. We often see mental alienation after typhoid fevers, which exacts imperiously the employment of tonics, and, above all, of bark. The use of the last is not advantageous in madness accompanied by scurvy, or some other affection from debility. *Iron* is indicated in insanity with atony of the digestive system, and in that which has for its cause an asthenia in the menstrual flow. Esquirol makes use of it in chronic dementia. Long, Frank, and others, employ it preferably in hypochondriasis. The bitter extracts, as those of dog's grass, duck-bean, chamomile, and gentian, may be used in mental alienations with cachexy, atony of the abdominal viscera, and obstruction of these organs. We may place in the same class stomachic and visceral elixirs. Soap and all plants which contain it, as lettuce, saponaria, and others, are of great utility in insanity complicated with visceral obstructions. Dr. Hunter, of York, makes great use of it in such circumstances.

Anthelmintics.

Professor Gilbert, a physician at Lyons, cured a young man of violent mania, by the evacuation of an abundant quantity of lumbricoides, caused by anthelmintics. Prost reports, also, that Dr. Cowade has communicated to him a similar observation. In such cases anthelmintics may be of service.

Mercury.

Dr. Palmer has found all the indications of inflammation of the convex surface of the liver, in a melancholic who made great abuse of spirituous liquors. After having tried, without success, bleedings, epispastics, and other means, he had recourse to mercury, and in a little time the patient was cured by the combination of this means with mild purgatives and a light diet. He experienced a relapse: he again took mercury, and scarcely was salivation established, when the madness disappeared. The convalescent exposed himself to cold; ptyalism was arrested, and at the same time the delirium reappeared. Mercury was then given, and at the moment in which the saliva began to flow, reason regained its natural energy. This flow was kept up a long time, and the patient was cured. Dr. Palmer reports that he has cured a melancholic young man by the use of mercurial frictions carried to salivation, adding to this means the use of bark internally. Burrows reports a case of suicidal melancholy cured by salivation. He also gives two others, similar to it, thus restored. We find in the journal of Nasse the description of cases of mental alienation cured by calomel and affusions of cold water on the head. The first is a female, who became melancholic in consequence of severe fright. Heinroth prescribed calomel, and she recovered. At the same time cold affusions on the head were employed to prevent too abundant a salivation. The other case is that of a furious maniac, with whom they had employed, without success, various means, and who recovered his reason by the use of calomel. Dr. Groos has made many experiments with this means. He says that the use of calomel, continued a long time and given even to salivation, appears to produce, in some young female maniaes, salutary effects: but for this moral change it was necessary that the patients should first be attacked by typhus, in which the spirit suffered as much as the body: a general stupor was required before the re-establishment of reason was perceived. Many male subjects, little robust and aged, were victims of his experiments; and a dysentery which then prevailed

was almost always mortal. They were made at the hospital of Pfortzheim. Müller, of Würzburg, has not obtained any success from mercury in mental alienation. The following are the experiments which I have made:—*Case*.—Aged 43; a man of short stature with abdominal embonpoint, jaundiced skin, and black eyes; had been melancholic nine months. In fifteen days I produced ptyalism, by calomel given internally. This flow was kept up three weeks, and the patient experienced no moral change. *Case*.—Aged 48; little robust; of a bilious temperament; had hard stools, and complained of a feeling of weight in the right hypochondrium. He was attacked with fantastic mental alienation. Salivation made no alteration in his condition. *Case*.—Melancholic; salivated for two weeks with not the least benefit. *Case*.—A maniac; salivated with calomel; not the least benefit. *Case*.—A tranquil maniac; took calomel during five weeks with not the least benefit: salivation lasted only a few days. *Case*.—A monomaniac; bilious temperament; took calomel thirty days without salivation; but the remedy had to be suspended on account of the abundance of the stools. *Case*.—Aged 48; servant to a farmer; had not been regular for five years; meagre; of a nervous temperament; eyes black and movable; skin yellow; became insane without manifest cause. She believed herself pursued by phantoms, and was found one day about to commit suicide with a knife. Her ideas were extravagant; she wept incessantly. This state continued eight months. Eight grains of calomel were given her in twenty-four hours, and every day; they produced diarrhœa and salivation in two weeks. She was salivated abundantly; her whole face was swelled, and her teeth came from their sockets. After adopting this treatment, I could not arrest the flow, and soon she fell into an extreme prostration of strength; her skin became dry; her tongue was black; the parotids remained tumefied; and she was shortly affected with a profound stupor. I observed, not precisely the phenomena traced by Groos, but a great cerebral congestion. She convalesced from this accidental disease; the mental alienation, however, existed always; but it was changed in character. A dementia had replaced the melancholia. This reverse made me renounce farther trials of mercury. This patient, viewed now as incurable, shows symptoms like general dropsy, and at present takes bitters. If I judge by my own experience, mercury is little salutary to the insane. Some facts, as we have seen, demonstrate that it has been useful to them, and I am far from wishing to call this in doubt. I presume, however, that we are yet far from knowing the circumstances which indicate the cases in which this means is really useful, and those in which it is hurtful. We cannot doubt but that more than once it has provoked enfeeblement of the intellectual faculties and the motive force of the muscles.

Oil of Turpentine.—Percival and others have spoken of the efficacy of oil of turpentine in the maladies here treated of. The following are cases from Percival. *Case*.—Aged 45; has experienced attacks of epilepsy since twelve years of age; in 1816, they occurred regularly every eight hours, alternating with a paroxysm of mania; at first little intense, the returns of the epilepsy became daily more violent. Percival gave an ounce of white sugar with as much oil of turpentine, making the patient drink a small quantity of water; this was repeated thrice daily. After four days, there was diarrhœa; but the epileptic paroxysms were less violent; the maniacal fury had equally diminished in intensity.

They then gave three times daily, half an ounce of sugared turpentine. The attacks diminished much in intensity, and the intervals between them became longer. The intellect had gained in energy, and soon the patient experienced no more, during a month, than one paroxysm of epilepsy, which was, however, violent. An ounce of turpentine was then given thrice daily again. A month having elapsed, a convulsion only, of little violence, occurred: this was the 9th of January, 1817, and up to February there was not the least spasmodic movement. The medicine was then stopped. *Case*.—Aged 50; robust, sanguineous; had been for a number of years attacked with mania with epilepsy, and had made great abuse of spirituous liquors. The epileptic paroxysm was repeated regularly every two, three, or four weeks. The mental alienation then assumed a character very intense, and to such an extent, that the patient had to be shut up. The 11th October, 1816, an ounce of the oil of turpentine sugared was administered thrice daily: diarrhoea supervened. The dose was reduced to half an ounce, three times daily. The 29th, a paroxysm of epilepsy with a slight maniacal exacerbation. Up to the 9th December, no paroxysm: the physical and moral forces were increased in their energy. The 17th, epilepsy without mania: increase of the dose of turpentine. The 3d of January, a paroxysm of epilepsy. Up to the 12th February, the time at which the patient ceased to take the remedy, no epilepsy appeared. *Case*.—Aged 38: afflicted with mania, with epilepsy, for seven years. The paroxysm returned regularly every month, with exacerbations of furious mania. He took (the 11th October, 1816) the oil of turpentine sugared, three ounces daily. Diarrhoea. Dose diminished. Manifest amelioration. Two epileptic attacks towards the 7th December, without exacerbation of the mania. The 19th of December, a violent paroxysm of mania, which was not, however, of long duration. The 7th January, a mild attack; it was exempt from convulsions and from mania. The 12th February he ceased to take the medicine. *Case*.—Aged 30; subject to paroxysms of mania, which are renewed every eight days, twice in twenty-four hours; deranged. On the 11th October, he was given the oil of turpentine, and from that moment there was a sensible diminution in the violence of the convulsions. From the 12th November, up to the 23d of the same month, there was a complete cessation of the paroxysms. This time being passed, they were renewed at night, and he experienced no more during the day up to the 19th December. At this period he had convulsions, four days successively, but only a paroxysm in the day, without mania. During the month of January, the paroxysms occurred only at night, although with less intensity than ever. In the day he was well. *Case*.—Aged 30; cause and origin of the disease unknown. The 17th September, he experienced an attack of epilepsy with mania, which succeeded each other alternately during seven days consecutively. He commenced the oil of turpentine the 11th October. The stools from it were copious, and a diminution took place in the intensity of the epileptic paroxysm. The 15th November, he experienced a violent paroxysm without mania; the 18th, he had one with mania, and was very well until the 27th, when he was taken with an epileptic paroxysm. From this time, there was so sensible a physical and moral amelioration, that the patient was soon cured. In reading these observations, it is impossible not to remark a great want. In all these patients, Dr. Percival commenced his treatment the 11th October, and finished the following February,

without mentioning whether the patient experienced a relapse. I administered this medicine for a very long time to all the epileptic maniacs at the Hospital of Ghent for males, but obtained no advantage; and what is more, some of the individuals submitted to my trials have experienced ill consequences thereby. I go on to report some of these cases. *Case.*—Aged 36; two years at the institution; paroxysms every two or three days. After taking, during four days, the oil of turpentine sugared, in doses of three ounces a day, there occurred a continual vomiting; the dose was diminished, but he could not bear it at all. *Case.*—Slight mania with the epileptic paroxysm, which announces itself very irregularly. The patient had been at the institution two years. He took the turpentine for eight days; but the medicine had to be stopped on account of its producing copious diarrhœa. *Case.*—Aged 30; had been eight years at the institution; attacked by dementia with epilepsy. The paroxysms are very irregular. He took the oil of turpentine: considerable diarrhœa; the medicine had to be stopped. *Case.*—Dementia with an epileptic paroxysm which declared itself irregularly twice weekly, asthmatic; at the institution twelve years. He took the turpentine, but it had to be stopped, from the excessive difficulty of breathing which resulted. In some of the patients submitted to it, I observed a retardation in the return of the epileptic paroxysm; but I am far from attributing this effect to the turpentine. I have often remarked this in individuals not employing it; it belongs to the nature of the malady. Dr. Horn has repeated the trials of Percival, and has not observed the happy success of the latter. In some patients, he has obtained a retardation in the appearance of the epileptic paroxysm; in others, the returns were less violent. Some liked it and asked its continuance, others had a horror of it. Horn concludes from his trials, that what Percival has said of its efficacy is exaggerated. I have tried it in the different species of mental alienation without epilepsy, but fruitlessly. Twelve persons attacked with partial insanity, and as many demented, were submitted to its use for three months, without the least advantage.

Means of Repression.—It is not an indifferent matter to establish, when we should have recourse to these means. However violent, unless the patient compromise his own, or the safety of others, they should not be applied: for he thus becomes irritated, our curative efforts are obstructed, and sometimes he will even refuse nourishment, and suicide may be a consequence. A repression wisely directed is, however, in a number of cases, of the first necessity. Independently of being a safeguard, it produces salutary impressions, and, as Haslam says, disposes the patient to reflection. But the success of our treatment depends here upon the choice which is made of agents, and the cases which exact their employment. It would be useless to report here all the inhuman means which have been employed. It is sufficient to say, that blows, chains, &c., have more than once rendered a patient obstinate, distrustful, and often imbecile. Retention in a chamber is the most simple means, and perhaps the most generally efficacious. It may be modified in different ways: the patient may be shut up simply in an ordinary chamber, or he may be deprived, at the same time, of all light. Dr. Müller, of Würzburg, said he had often remarked, that the most furious patients became peaceable and tranquil, when they were shut up in a gloomy chamber, isolated and deprived of all light. He had one constructed for this purpose in his hospital, a chamber painted black and de-

prived of light. The same practice occurs at the Retreat, near York, and we meet with examples of it with us. This means is sometimes excellent in insanity; we have experienced advantageous effects from it in furious mania. *Case.*—A maniacal patient at Ghent was shut up in a dark chamber; he was only permitted to go out to take the air in a court, every fifteen days; he was not accorded this liberty but three days at most: if this time was prolonged, the patient became terribly furious; but from the moment that he was shut up, he became mild, and by no means dangerous. Heinroth has cured a monomaniac, by giving him as his abode an apartment gloomy, sad, and shut out from all bustle. This means would be pernicious in mental alienation with sadness, in melancholy, properly so called. It would be equally of little use, and even hurtful, in dementia. It should be, then, almost exclusively confined to mania. Staying in a grated court belongs to the same kind of coercion. Cells formed of slips of wood have been constructed by Autenrieth, and used in different institutions in Germany and Netherlands; these are bad; as Heinroth well observes, the patient is liable to bruise himself. At Charenton, was employed a sort of osier cage, the length of a man, in which the patient lies down upon a mattress placed at the bottom; a lid is provided at the extremity corresponding to the patient's head; and this being shut, he is condemned to a complete immobility, without being exposed to the least injury. Casper has seen this applied with full success. Heinroth speaks of an agent of coercion employed in some institutions of Germany, which is unworthy of imitation. It is a press the length of a man: the patient is placed on his feet, the press shutting him up by a little panel. This would look ridiculous in a hospital. A means less ridiculous, but more dangerous, is the *bag of oil cloth*, yet employed in some institutions. It is a bag of the ordinary form, made of simple cloth, of the size of the individual for whom it is intended. It is covered with oil cloth, to intercept all light. It is tied at the top to the head of the patient, being made to descend so as to cover him entirely. Such a means is bad, because liable to frightful accidents. Experience has taught, says Heinroth, that it has led to suffocation, convulsions, and apoplexy. Horn placed it upon a patient at the Charity of Berlin, and she was found dead. In some institutions for the insane in Germany, a means of repression is employed, less dangerous than the preceding, but more odd. The patient is placed upright against a cord stretched perpendicularly from ceiling to floor; he is fixed to it by a band which surrounds his body, and which is provided behind with a ring, through which passes the cord. His arms are restrained in the sleeves of the camisole; they are extended and fixed by bands to cramps in the sides of the chamber; to the same place is extended a cord from each side of the body, attached to a ring in the bandage. The feet are also fixed to the perpendicular cord. Horn thinks he has obtained much success from this means. The turbulent and obstinate have been reduced to order, after having passed, at most, from eight to twelve hours in this attitude. Autenrieth has invented a kind of mask made of leather, which turns under the chin, hindering the falling down of the lower jaw, leaving openings for the eyes and nostrils; straps fix the mask upon the head. He proposed thus to prevent hollowing; but we may easily perceive that this means, like the preceding, merits but little confidence. Another means of repression is the *Tranquillizer of Rush*. It is a chair of strong wood, upon which the patient is fixed by strong bands of leather,

which hold his arms, body, and legs. A rest for the feet and for the hands, of wood, is provided. Much may be said both for and against this means; but whatever be the difference of opinion, there will always be the great inconvenience of producing œdema of the lower extremities, chaps, inflammation, suppuration, and even gangrene of the parts upon which pass the leathern bands; it has also the disadvantage of strongly impeding the circulation of the blood, and disposing to descent of the rectum. I will add, 1. That it may render eminent service, when the patient is placed on it but for a time extremely short. 2. That when he is attached for a long time, independently of the accidents mentioned, he often acquires an incapability of moving the lower limbs. 3. That almost always patients who have been placed in it a long time, preserve the habit of sitting down continually, and become unfit for manly exercises. At Ghent, there are a large number of these; they walk with their knees bent, and sit down almost continually. 4. It is bad, as taking all physical liberty from the patient. Kleinroth gives it great praise. In the asylum of lunatics at Glasgow, it is placed upon springs, so that the least contortion of the patient's body causes a motion analogous to that of a carriage. This has one useful effect, but we do not think it exempt from the inconveniences attending the ordinary chair. Reil has invented a kind of *moveable wheel*, in which is placed a furious patient, in order to force him to repose; this is like the moveable cages in which squirrels are shut up. The least motion of the individual makes him toss about, and he is thus forced to repose. Different inconveniences naturally attend this. A means of repression far more efficacious, is the belt of Haslam. This, at the same time that it controls the arms, holds them in such a position as not to deprive them of all motion. Casper has had occasion to observe the efficacy of this means, and has given it great praise; it is easy to assure ourselves, says he, that the patient does not feel the inconvenience of those who have on the camisole. The strait waistcoat has, in some institutions, the sleeves in one piece: this is bad, as it gives a patient some use of his hands, and he can free himself with his teeth. Three men are necessary to place it on a patient; one goes directly to him; he has his arms in the sleeves of the camisole, and seizes him by the hands; a second throws over his head an apron, whilst a third draws the camisole upon his arms, and closes it behind. This means, like the *belt* of Haslam, possesses the advantage over every other agent of repression. 1. In not causing any pain. 2. In not arresting in any manner the course of the fluids; and 3. In leaving to the body great liberty. Haslam gives, however, no praise to the camisole, &c. Some of his observations are just; but others do not merit the least attention: but however this is, the belt and the strait waistcoat are the best means of repression which we know. In a number of cases, the strait waistcoat is of great utility; but it is equally true, that it is insufficient for furious maniacs, who well know how to untie it. Haslam would replace the camisole by bands of metal, which encircle the fore-arms, and attach them together, so that the patient may exercise his arms, although his hands are joined. We are of Horn's opinion, that these might be more efficaciously replaced by bands of leather lined internally with fur. Different means have been imagined to restrain a patient in his bed when furious and turbulent; they are less efficacious than the first, because they force the patient to hold a position which is not absolutely to his taste. They even render many worse, and less docile. The most sim-

ple apparatus is that of Heinroth. The strait waistcoat is placed on a patient, and by the upper part of his body strong girths go to be fixed into the bedstead. The same writer describes another means, more complicated. The patient lies down on a bed pierced with holes to give vent to the excrements; a large girth of leather surrounds his body; it is provided, on its lateral parts, with rings of leather, through which pass bands, intended to fix the patient to the lateral parts of the bedstead; it is also provided with strings and eyes on its lateral parts, to fix the hands. Two girths united surround the legs, and are provided at their lateral parts with rings, also intended to give passage to bands, which are fixed to the bedstead. At the York Retreat another mode of proceeding is followed, more complicated than the previous one. A girth of strong cloth, five feet and a half long, by three inches and a half broad, is placed at length upon the bed. At each of its extremities is attached a leather band, one foot long, one inch wide. Where this strap is fixed to the girth, there is a buckle. Staples are fixed in the foot and head of the bedstead, through which the straps go, and the patient being placed on the bed under the girth, this is, by the straps, buckles, and staples, fixed to the bedstead. By a set of buckles and straps, similar to the girth, answering to the upper portion of the body, and attached transversely to the girth, and the same arrangement as to the feet, the patient is held stationary, the straps passing round the shoulders and legs. This means may be efficacious for lunatics who are disposed to strike. In malicious monomania, and in suicide, the employment of it would be particularly useful during the night. It is advantageous in giving great freedom to the movements of the body, to such a degree that the patient is not forced to hold himself permanently in a disagreeable position. Other agents may serve as means of repression; such are the rotary machine, cold douches, and all that may produce a considerable degree of terror.

It is sometimes necessary to force a patient to take nourishment which he refuses. When he is obstinate in this respect, two men hold him upon his back; a third holds his nose: the mouth opens itself, and a liquid aliment is poured in. This is done without the least rudeness, and without offensive words. In the York Retreat, they place the patient in a chair—the back of which is moveable, by means of springs—this is turned back, in order that the head of the patient may be bent in this direction. The mouth is opened with the aid of a little key; whilst another person introduces, by means of a spoon of strong metal, liquid nourishment. A metal spout, or a cow's horn, serves for this purpose. At Bedlam is used an elastic bottle, furnished with a tube equally elastic. However, before having recourse to this means, it is necessary to exhort the patient, in all possible ways; often, by placing nourishment near him, and without making the least remonstrance, we will see him eat that which he has refused with the greatest obstinacy.

The maladies which most frequently afflict the insane are those which proceed from cold and humidity. The *gangrene* of the lower *extremities*, at the Bicêtre and at Bedlam; the diarrhoea, at the institution of Amsterdam; the *scurvy*, at the Salpêtrière; the scrofula and pulmonary affections of other institutions, recognise, almost always, these two agents as their primary cause. Observation has manifestly demonstrated that the insane, considered generally, although apparently physically insensible to a cold and humid atmosphere, are not protected from the maladies which it produces in persons of sane mind. They do not feel them,

precisely as they do not feel the vesicatory which is applied, and which, nevertheless, produces a suppurating wound. I have been able, even this year (1823), to assure myself of this truth, at the hospital for males at Ghent. At the commencement of winter, more than half of the lunatics were attacked by a dysenteric diarrhœa; others offered symptoms of pleurisy and pulmonary catarrh, and these maladies exhibited themselves immediately after the first cold days which we had this year. We gave warm shoes and stockings; we redoubled our care in protecting them against the cold, and in a few days the disease ceased to make progress. This establishment is a representation of all which is frightful to humanity. We should say, in visiting this sad abode, that the typhus of prisons, scurvy and intermittent fevers, would reign there permanently; this is, however, not the case. Let us imagine a vault, five or six feet below the level of the ground, which is not forty feet broad, in which are crammed, pellmell, more than one hundred persons, where does not penetrate a ray of light, and we may judge of the unfortunates in so sad a dwelling-place. We do not, however, see there the prevailing diseases, although everything concurs to render the air infected. One stove alone heats this dungeon; all the linen is dried on this; the beds, impregnated with the odour of the night, are also carried thither; twenty of the insane, affected with epilepsy and other diseases, lie here; also, in entering, we are stifled with a mephitic air; add to this, that this cave opens on a moist court, surrounded by high and vast walls, being but fifteen feet broad by fifty long, and where no sunlight penetrates, but in the longest days of the year. The mortality, however, is not considerable in this hospital. According to my observation, the changes in the temperature of the air, from warm to cold, cause almost the only maladies which reign there; such are catarrhs, pleurisies, and diarrhœa. This last affection, which is sufficiently frequent here, does not depend upon the inspiration of mephitic air, since it is only manifested towards the equinoxes, when the changes of the atmosphere, from cold to warm, and *vice versâ*, are frequent. The maniacs, and especially the furious, appear the most sensible to these influences. At the Hospital of Ghent, many of the insane were attacked by diarrhœa, at the approach of the winter of 1823, and without prompt relief it would have made great ravages. In all those attacked, there was redness of the tongue, loss of appetite, and nausea. Foot-baths, mucilages, warm garments, above all, warm stockings, arrested this affection, when it was on the point of assuming an intense character.

An observation, which dates from the time of Hippocrates, affirms that intermittent fevers have great influence in nervous maladies, and that they are proportionally efficacious, as the duration of the febrile paroxysm is long and violent. Quartan fevers have been generally recognised as the most favourable.

Aliments.—Abstinence, as to food, has been counselled and put in practice by some physicians, in order to subdue the furious transports of maniacs. This practice has especially prevailed during the last years in Germany. But besides want of nourishment being a cause of madness, it has been, in more than one case, followed by the most deplorable results. In all cases, we would here do less injury by too much, than too little: such is the opinion of Lorry and others. Pinel experienced the baleful results, at the Bicêtre, of a want of food. In the cure of mental alienation, the use of stimulating, salt, spicy aliments has

been proscribed, and, with one accord, has been insisted on a diet light and vegetable—pot-herbs, fruits, and the flesh of young animals, and of easy digestion, and all substances which contain in abundance the mucoso-saccharine principle. This practice should be regulated according to the varying nature of mental alienation. Such alimentation suits one lunatic, whilst it is hurtful to another. In general, the regimen should be little nourishing, when we observe a considerable excitement in the functions of the understanding; when the pulse is active, full and frequent; when the patient is furious, &c. There are many exceptions to this. If the disease has existed a long time; if the forces have begun to decline, we should prefer a regimen more restorative. Violent exercise, watchings, and loss of the humours, cause always enfeeblement of the organs, and exact prudence in the prescription of nourishment. Aliments nourishing in the smallest volume should be preferred. If the patient is endued with exquisite sensibility, if his structure is delicate, the pulse quick and frequent, we should, above all, insist on a nourishment which may little fatigue the digestive organs. All that contains stimulating principles should be studiously shunned, and the aliments should be given often, but in small quantities at a time. A diet too restorative, with these individuals, carries into the circulatory system a fatal irritation; it accelerates the pulse; it causes redness of the face, inquietude and anxiety, and other accidents, more or less formidable. I say, then, that a restorative diet is particularly indicated when the forces decline, and when the insanity draws its source from a debilitating cause. This remark is, above all, useful in the disposition to suicide, &c. In the last extreme of refusing food, soup may be introduced through a strong sound of silver put into the throat, &c. Mental alienation, from an abdominal phlegmasia, requires the proscription of all stimulating regimen, or which is highly nutritive. In dementia, the nourishment should be substantial. We should equally insist on good regimen, when the madness is complicated with paralysis, with scurvy, or with scrofula. It is a fact, that deviations from dietetic rules have the most pernicious influence on these maladies. Scurvy, especially, exacts the use of the most substantial aliments.

Drinks.—Under this report, pure water is a drink which is very suitable to the insane. It renders digestion easy; it prevents the cerebral orgasm, so frequent in mania after the ingestion of warm aliments, and the patient prefers it often to all other drinks. This has been proposed in mental alienation as a curative means. Lorry and others have recommended it, particularly in mania and melancholia. In the most modern times it has been proposed as a beverage in suicide. Theden dissipated a hypochondriasis, with which he had been affected for many years, by the abundant use of cold water. At the age of forty, he was upon the point of committing suicide, and to dispel the anxieties which tormented him, he drank cold water in abundance. All the symptoms of hypochondriasis were dissipated insensibly, and he no more felt the least self-destructive desire; no relapse took place, and he drank, in his old age, even thirty *lires* of water per day, adding a good dose of wine, to prevent feebleness of stomach. *Case.*—A female, aged twenty-six, strong, robust, addicted, since infancy, to masturbation, complained of anxiety and extreme fearfulness; there was a feeling of constriction in the whole abdomen; the stools were hard; the genitalia swollen, very sensible, and covered with eruptions; menstruation regular, and mind dis-

turbed. All sorts of measures were used; acids, valerian, extract of hyoscyamus, &c., but without the least effect; finally, by Hufeland's advice, she took from sixteen to twenty pounds of water per day. The progress towards cure was rapid. In three months she had recovered. Her mind had become tranquil, anxiety had disappeared, and also the erethism of the genitalia. Hufeland then added to this drink an infusion of valerian, and also the tincture of Peruvian bark, with the milk of sulphur. We cannot attribute the cure to the last-mentioned remedy, for the patient had previously taken it, without the least success; but to having drunk the cold water. *Case.*—A female, says Hufeland, became melancholic, after having experienced severe anguish. She believed herself affected with a concealed organic disease; she was sad and gloomy, and was found ever bathed in tears. Her mind experienced, from time to time, a true alienation. This condition had already existed some years before Hufeland saw her. She was constipated; the menses flowed with difficulty, and the evacuation of the urine was abundant. A tumour extended obliquely from the right hypochondrium to the pelvis. She felt not the least pain from it. They supposed it a disease of the spleen, or of the left ovary, and, after having vainly tried a number of means, she made use of cold water, and took even eighteen pounds a day. In less than three months she was completely cured; her mind regained its ordinary energy, and no intellectual alienation could be remarked. The tumour on the left hypochondrium dissipated itself insensibly, and became half its primitive size; the stools, urine, and menses regained their ordinary course, and the patient was delivered from her anxieties and from her delirium.

In the cases given, and those treated by the ancients, some phlegmasia of the abdominal organs probably existed, and hence cold water would prove an admirable antiphlogistic. The use of cold water, taken as drink, forms part of the curative method of Avenbrugger for suicide. This author wishes that in this species of delirium the patient should take a *litre** of cold water every hour. If he remains pensive and taciturn, he says his forehead should be sprinkled, his temples and eyes, with the same liquid, and a vesicatory should be applied upon that hypochondrium which feels most warm. Cold water is not successful in suicide in reality but in some rare cases. Falret made a melancholic, with a propensity to suicide, drink of it, during three weeks, at least twenty *litres* daily, without the least benefit. He adds, that he has seen a lady, confided to the care of M. Esquirol, who had made all sorts of attempts at self-destruction, and with whom the treatment of Avenbrugger had been employed, with this difference, that the vesicatory had been replaced by a seton on the right hypochondrium: this treatment continued during three months, without the least satisfactory effect. I do not believe it useful to follow the precept of Dr. Schonheyde, to make patients eat of stimulating meats, as salt herrings, and other things of this nature, in order to provoke thirst. I witnessed a case, who, after a propensity to suicide for three years, threw himself from a window, and fractured his left thigh; he then refused to eat, and starved to death. In the first part of his illness he took, of his own accord, twenty *litres* of cold water per day. In the Transactions of the Academy of Medicine of Berlin a similar case is reported. Great virtue has been attached to *whew* in the

* A *litre* is nearly two pints, five drachms.

cure of mental alienation. Lorry says that it has worked marvels, and he cites as an instance the following case: A woman, seeing a maid-servant drown herself in a well, fell into the same madness; she was cured by drinking, for months, pounds of whey, without any other medicine. Whey is a drink very suitable for the insane, and in many respects it resembles water in its medicinal virtues. Where there is great excitement of the brain or of the digestive tube, its use will not but be advantageous. This drink is not, however, without bad effects: if it is taken too abundantly, it leads often to colicky pains, or cardialgia—disadvantages in which it partakes with all aqueous drinks; in such a case it could but be hurtful. It may be advantageously replaced by water of rice, barley, or bread, orgeat, or other emulsions which have the property of diminishing the great sensibility of the *primæ viæ*, and are, at the same time, more or less nutritive. The vegetable acids, especially vinegar, have been often employed in insanity; I think Dr. Locher, of Vienna, first proposed it. Bosquillon says that it re-establishes the perspiration and other excretions, and that it restores suppressed menses or hemorrhoids. Lorry also makes much of this liquor. The acids are rarely given pure: they are mixed, usually, in an aqueous, mucilaginous, or syrupy vehicle; and it is with this view that we may advantageously form syrups of vinegar, of the juice of oranges, lemons, citrons, &c. The acids are of acknowledged efficacy in scurvy; they are particularly indicated when the mental alienation is complicated with this affection. Mineral waters are divided into cold, warm, acidulous, saline, ferruginous, sulphureous, and gaseous. The sulphureous are particularly recommended in cases of mental alienation complicated with cutaneous affections: the principal are those of Baresges, Aix-la-Chapelle, Harrowgate, and d'Enghien, near Paris. The acidulous, of which the most remarkable are those of Seltzer, suit, principally, in cases of mental alienation with atony of the digestive system: they are taken with advantage in the morning. The acidulous, ferruginous waters are preferably indicated in cases of mental alienation which proceed from masturbation, from chlorosis, from passive hemorrhage, or from those which are complicated with paralysis, or other affections of this nature. The cold, mineral waters, in general, tend to excite the digestive forces. Administered in favourable circumstances, wine may be of efficacious use in mental alienation; but its employment exacts much prudence. As a general rule, it ought not to be so given as to produce drunkenness; but simply as a tonic. Its use is particularly indicated in monomania with depression and sadness, in panic-terror, and in that with debility and trembling of the limbs. Its use is, in some sort, prohibited in mania. However, we must never lose sight of the vital forces, the duration of the malady, the habits of the subject, and the cause of the disease. It is thus that, in convalescence, whatever be the kind of madness, wine finds numerous indications with reference to the weakness of the forces. In those habituated to this drink, its utility will be greater. In dementia, wine agrees very well, through the alcoholic portion which it contains. It is a diffusible stimulant: by its astringent part (I speak of red wine) it is a permanent tonic *par excellence*. Would it not be suitable to permit, to a certain point, the use of spirits in dementia?

C A L M E I L.

DE LA PARALYSIE CONSIDÉRÉE CHEZ LES ALIÉNÉS, &c. Par L. F. Calmeil, Docteur en Médecine de la Faculté de Paris, Premier Interne en Médecine à la Maison Royale des Aliénés de Charenton. 1826.

PRACTITIONERS of great merit, discouraged by the constant inutility of curative attempts, advise leaving to themselves patients attacked by general paralysis, upon the principle that they are thus freed from a disagreeable medication, which would be useless. However humane, this reasoning appears altogether condemnable; probably would be fewer incurable maladies, if persons did not so often reason in this manner. Nothing more rational than abstaining from treatment when the dementia is profound, and when the individuals are deprived of almost all motion, and have not more than a month to live; there exists, probably, an irremediable cerebral disorder. If in apoplexy nature has sufficient resources to absorb a clot, and cicatrize a rent in the cerebral pulp, may we not hope that by wisely aiding this same nature, she would be able, when the general paralysis had not advanced but little, to produce a resolution of the chronic phlegmasia which causes this disease, and whose roots are as yet by no means extensive? In such resolution, nothing impossible, and it will certainly become the more easy in proportion to the efforts made to obtain it. Thus, should not lose courage but in the last extremity, and should use all the means which appear indicated, with as much perseverance and obstinacy, as if previously sure of curing. Many physicians do not hesitate to advise excitants, as electricity, nux vomica, strychnine, rhus radicans, &c. On the contrary, the attenuant treatment seems that proper to be adopted, until experience proves that it is hurtful or decidedly useless. For we have, in truth, to contend against a phlegmasia.

At first, if in summer, patient not to be exposed to hot sun, and to shun all which may augment the cerebral excitement; for this purpose isolation is of great advantage; in the bosom of his family, the patient, incapable of managing himself, drinks without discretion, wine, coffee, and spirits, and experiences vexations, which incessantly advance the disease. Aliments to be taken in moderation, and those to be selected which will not augment but feebly the activity of the circulatory system; abundant use of a slightly sugared drink, as decoction of barley, decoction of triticum repens and of liquorice, syrup of vinegar, syrup of gooseberries diffused in water, etc.; at the same time the bowels should be kept open, by administering, once or twice a day, injections of flaxseed, decoction of mallows, &c. Use of the tepid bath not to be neglected. May augment its efficacy by applying to head, whilst in bath, compresses soaked in cold water; or better, bladders half filled, renewed when becoming warm. Sanguineous emissions are of more importance than everything else; if the patient is plethoric, the skin injected, the eye brilliant and animated, the delirium extensive, vessels of the neck swollen, should not hesitate to open a vein. Bleeding from the jugular disembarrasses directly the circulatory system of the brain; but when agitation great, not always easy to bleed from neck, and should bleed preferably from the arm or foot. If it is judged, in the space of some hours, that one emission of blood only has not sufficiently fulfilled the indication, we run no risk from a recurrence to the same means, and so on even until the effect

proposed is obtained. In some cases the patient is not sufficiently strong for general bleedings; if there be here no particular difficulty in employing local bleedings, should be used; ten leeches to each temple, behind each ear, or at the base of each jaw, and should take care to favour the flow of blood by washing the leech-bites with a fine sponge soaked in warm water. Sanguineous emissions indispensable, principally, when there supervenes some unfortunate complication: has often saved from immediate death paralytics thrown into stupor from congestion; at other times 30 leeches to neck has dissipated, very promptly, alarming convulsive movements, and the patient has returned to his ordinary state. In other respects bleedings not effectual, but inasmuch as they are renewed often and suitably. If treatment which we have advised does not produce any advantageous result, or if inapplicable from principle, there remain other means: we assure ourselves that the digestive canal is healthy, and then slightly irritate it, either by laxative drinks, or by injections of senna, cassia, tamarinds, etc. Should watch patient, when he frequently reposes, and so soon as the medicine excites too abundant stools, it should be stopped. It is to operate a useful revulsion that vesicatories are applied to the thighs and calves of the legs: should be large and suppurate long, otherwise of feeble assistance. Revulsives in the neighbourhood of the brain, when they do not augment the cerebral irritation, are of a much more direct utility; the seton to the nucha occupies an important rank amongst these. After the seton, is moxa upon the occiput or behind the neck; this excites more than the seton. We may employ a vesicatory to nucha, but we must take care that it is not too large, and does not excite too much. When we have employed these means, together with sinapised pediluvia, when we have attended to the particular indications to be fulfilled, those, for example, denoted by the suppression of the menses, the suppression of hemorrhoids, of a tetter, an ulcer, &c., if the condition of the patient is not ameliorated, there is nothing more to try, all hope of cure is thenceforth useless.

The above treatment is referable to patients of middle age, whose constitution is by no means enfeebled, and who have not for some weeks or months articulated words distinctly, and who have tottered in walking, without, in other respects, any of the symptoms of apoplexy having been observed. We come now to a case in which we have to treat a lunatic, whose general paralysis has manifested itself for five or twenty years, for example, after the commencement of the mental alienation. The chances of cure are even less favourable than in subjects whose alienation and paralysis have just begun. The treatment, however, should be the same. Calls attention to the eschars which, in the last periods of the disease, are formed commonly on the points on which pressure is exerted. Sometimes these are large sores from the destruction of the inflamed integuments: simple compresses spread with cerate will produce a prompt cure, provided that the patient recline in a different position from that in which he usually lies; otherwise evil augments daily, and suppuration accelerates the moment of death. Sometimes, on the other hand, the skin and cellular tissue blacken in masses and gangrene, and inflammation detaching the eschars, fissures are formed, in certain cases, extending to the sacrum, and even to the lumbar vertebrae, &c. Immediately on suspecting the appearance of this, must employ all of our resources to stop the pressure. If, in spite of all we can do, gangrenous eschars form, should cover them largely with diachylon, or, better, with rolls of charpie spread with sto-

rax ; this to be replaced by the cerate, so soon as the gangrene has ceased its ravages, and the sore is reduced to its simple character ; but we are rarely able to obtain the cicatrization of gangrenous eschars.

Hygienic Attentions.—Whilst general paralysis is in its first period—whilst the patients walk about—it is only necessary that they should be watched, or restrained, if agitated. But towards the end of the second period, and during whole of third, when their intelligence is abolished, they scarcely preserve sufficient instinct to swallow their victuals ; they cannot stand up ; they are unconscious when they pass urine or fæces ; they cannot then be left a minute ; they have need of a man sufficiently courageous to devote himself to their service, and to devote himself to it entirely. It is important, in order that the thoracic and abdominal organs should not be affected, to let them sit up during the day ; thus, too, we retard the appearance of eschars, and what is of the highest importance, attend well to cleanliness. Rare that ordinary clothes can be left to the patient. From excessive uncleanness—from one minute to another becoming soiled with ordure, from head to foot—have to apply a *blouse* ; also placed on him a flannel jacket and shirt ; stockings reaching to his thighs ; and easy slippers, kept on by strong cords. Choice of chair less indifferent than might be supposed. This arm-chair should be large, massive, and should have behind a strap to be fixed to an iron buckle attached to the wall ; thus it is impossible to turn it over. Its back should be elevated, sometimes hollowed into a gutter, and suitably stuffed ; upon the sides straps of leather, to pass under the armpits, then over the shoulders, and stopping at a buckle : by this means, if there be a tendency to slip down, the body may be kept high up. The bottom has in it a hole, under which is placed a tub to receive the fecal matters ; throughout the day, patient sits on a cushion around the seat of the chair, having this portion of his body bare. If this cushion is not stuffed with hair perfectly elastic, and covered with perfectly smooth leather, it will become hard as a plank, and will cause inflammation of the integuments of the coccyx, the sacrum, the ischiatic tuberosities, &c. These eschars could scarcely be cured, as it would be difficult to absolutely hinder compression. Position of feet exposes them to œdema ; it is then useful to place them upon a cricket. In sitting the paralytic down, the *blouse* is lifted up around his body, in order that it may not be soiled by his excrements ; in this condition he is almost naked ; it is necessary to cover him with a large cloth, which girts him from the waist to the toes ; moreover, during the cold season, a mild temperature should constantly be kept up in the halls. Too much care cannot be given to washings, which are made with fine sponge over the whole body, which should be kept as neat as possible ; in a similar manner it is indispensable to keep up currents of air, to wash the chair, and to remove the tubs. Lastly, those incapable of feeding themselves should be made to eat, and all being thus organized, by the aid of a strict supervision, which is uninterrupted night or day, we may in a measure guard against difficulties of which no one can have an idea who has not seen the paralytic insane. The wood of the bedstead to be of solid planks, made into a gutter, by which the patient may be at whatsoever depth we may wish. In an ordinary bed, the paralytic, having a certain mobility of his hips, would certainly fall upon the floor, drawing the covering after him. At night he is not deprived of the *blouse*, but it is lifted up under the armpits with the shirt. The bed is made of long and fresh straw, or of a thick layer of oat-straw, covered with a sheet ;

it is furnished with a large cloth four times folded. When the patient lies down, he is enveloped in this cloth, as an infant in swaddling-clothes: necessary to cover him suitably; and to attach him if agitated. Flexible hobbles, through which passes a list to a mortise, made for the purpose, in the foot-board, serve to fix the feet. But these precautions are far from guarding against a crowd of dangers; it is necessary to fix firmly into a lateral mortise the sleeves of the *blouse*, and to extend across the anterior part of the chest, immediately under the arms, a large girth, which is fixed, right and left, to the sides of the bedstead. Thus disposed, an exact supervision may be exercised, and these poor insane repose as commodiously as possible, especially if their bonds are tied with proper moderation. Beds of straw or oats are preferable on many accounts to those of feathers, hair, or wool: in latter, patient would, as it were, sink down and be enveloped in his excrements; the heat also would make the urine very acrid, nor could it flow away as in straw, and the integuments would be excoriated; the bed also should be changed daily, and straw and oats are cheap; but the great advantage is, that a bed of these does not crease, and present to parts which repose on them a hurtful resistance. Above rules apply to large establishments. In a private house, when not violent, should dispense with the camisole and attaching them. Domestics should be placed with them, to guard against falls and attend to cleanliness. In the same manner, may lie on beds to be renewed daily. No doubt that a mattress, changed with the utmost care, would be preferable to straw; but this should be given up as soon as it is impossible to keep it always dry. For some days M. Esquirol has made trial of an impermeable cloth, which has been recently invented. This cloth is placed immediately under the sheet, so that the mattress may be entirely covered; the urine does not penetrate beneath the cloth, and the mattress is preserved. If this continues really impermeable to urine, the paralytic insane may hereafter sleep upon a mattress. This cloth retains the urine upon its surface; this seems to me a grave and important inconvenience to be got rid of.

NOTE.—We have had under our care, in the Eastern Asylum, two strongly-marked cases of this form of insanity, in the recent state. In their treatment we met with what may be considered as partial if not entire success, from the use of sulphate of quinine, gr. 1—2, three daily, in combination with some salt of morphia in the same dose; blisters to the back of the neck; laxatives and full diet.—G.

DR. F. VOISIN has, in his "*Des Causes Morales et Physiques des Maladies Mentales*," the following observations:—Measures of treatment may be divided into two sorts, medical and moral, or indirect and direct. From my own observation, and from facts reported by authors worthy of credit, I cannot but believe that medical means are too much neglected. I know of no more powerful means of treatment than isolation. It is on the first effects of isolation that the physician can with most facility obtain the patient's confidence. During the state of excitement, the patient should be placed in retirement, in a place spacious, shady, and still, where he may without disadvantage deliver himself to the impulsive conduct which nature seems imperiously to demand. The melancholy or monomaniacal stand in need of isolation not less than the maniacal. Rigorous subjection to certain rules is as useful to patients as to children. The first indication to be fulfilled, particularly with melancholics, is the

attempt to discover by accurate information the faculties which, by their predominance, constituted the peculiar character of the individual before his derangement, or if, indeed, the delirium mainly consists in their exaltation.

In puerperal mania, when there is a suppression of the lochia and of the milk, the best effects are derived from mild purgatives; by exciting also an abundant perspiration, we obtain not less advantage; a vesicatory to the nucha is not less efficacious.

KNIGHT.

OBSERVATIONS ON THE CAUSES, &c., OF DERANGEMENT OF THE MIND,
FOUNDED ON AN EXTENSIVE MORAL AND MEDICAL PRACTICE IN THE
TREATMENT OF LUNATICS. By Paul Slade Knight, M.D., many
years Surgeon of the Lunatic Asylum for the County of Lancaster,
&c. 1827.

A PATIENT who had recovered, said that when they were about to cup him, he fancied they were trying to kill him with a pistol. To avoid conveying an idea so terrifying, Knight advises a method of Baron Larrey; instead of employing a scarificator, he burned tow under a glass, and then used an instrument like a horse flea. Dr. F. Willis observes that bleeding is sometimes very inconsiderately and indiscriminately employed. Dr. Hallaran says that it does not often seem desirable, and except in recent cases does not even appear admissible, &c. Dr. Haslam thinks it, in strong plethoric and recent cases, the most beneficial remedy; but that in later stages it will not answer, &c. Dr. Mayo says that depletion directly weakens, and may exhaust, by being carried too far; but also prevents weakness by lessening excitation; it is, then, requisite to aim at a medium point. Hill says that it is an undoubted truth, that in fifty maniacs of the highest degree of the sthenic form, not more than from seven to ten will require bleeding, and when sudden and profuse it is always highly dangerous, and never necessary. Pinel says, if without bounds, it changes curable mania to dementia. Georget observes this stage does not require violent treatment; when abused, it has produced the worst effects. The writer is more copious on this point, from having had many occasions to lament the use of the lancet by the inexperienced. He adopts, and earnestly recommends to practitioners, the observations of Dr. Willis; these, in full, are as follows:—Remedies powerfully weakening the body are sometimes, in the worst cases of delirium, unskillfully resorted to, whether the patient be old or young, strong or weak; whether labouring under the high or low state, blood is copiously drawn. The advice of some authors here is very inconsistent: they extol bloodletting as most beneficial, nay, even essential, but, at the same time, very forcibly demonstrate its impropriety, showing that the nature of the complaint forbids its use. Dr. Knight adds, in the high state, as described by Dr. Alexander Crichton, I never saw bleeding lessen the violence of the paroxysm, but, on the contrary, have seen the excitement augmented by it. Puerperal insanity is of the same description, and admits same remarks. *Idiopathic* insanity often connected with epilepsy. Medicine has appeared here of very little use, especially if epilepsy be conjoined; has found small quantities of blood

from leeching or cupping, or from jugular vein or arm, to have a constant good effect in mitigating the severity, and shortening the duration of the epileptic fits. But these bleedings should *precede* the fits, and as near as possible to the accession. When unaccompanied by epilepsy, or any marked bodily disorder, is unaware of any rational mode of proceeding that has not moral treatment and the regulation of diet for its basis. Moral treatment should be commenced by a mild and firm discipline, and however unruly the patient, by availing himself of the authority generally accorded to a stranger in a superior station, has never failed to enforce such a degree of subordination, as to preserve the patient in a tranquil and decorous course of demeanour, so as to make him appear calm and rational to a visiter. *Case.*—Idiopathic insanity; æt. 19; a very small head; three different times under my care in as many years. At home, occasionally violent, and always very irascible, not submitting to any authority, and dangerous to relatives. By a treatment uniformly mild, and uniformly firm, to enforce the rules for his conduct, I succeeded, in a few weeks after his first admission, to make him obedient and well-behaved. Plan was this:—periods of rest, meals, exercise, and study, fixed and immutable; when refractory, admonished; if he persisted, instantly compelled to obey; for instance, if required to take exercise in the grounds, and he refused through mere captiousness, was conveyed thither by an irresistible number of persons; if when there he would not stand, was speedily conveyed to a dark room; if he kicked the door, or was guilty of any extraordinary violence, was secured to a proper place prepared in this room; and if he then screamed, was either suffered to do so until weary, or another *habitually* noisy though harmless lunatic was put in the same room; this has silenced him in a very short time, and he has come from coercion tranquil and obliging. This is the utmost coercion or punishment I ever inflicted on any lunatic. His study was voluntary, or only enforced by example and persuasion. On the subsequent times of being placed under my care, he immediately conformed to the rules, so that it was extremely difficult to detect any insanity in him.

I have collected the *Digitalis purpurea* so late as the end of August, long after the plant has ceased to blossom; and, by selecting those plants which were vigorous, and the leaves downy, and which had not blossomed that year, I found that they possessed the sedative power of the plant in great perfection. *Digitalis* is, in the majority of cases, on its *first administration*, as decided a stimulus as brandy or geneva. It never fails, after a few drops, at least, to reduce the pulse either in force or number, and, in a few instances, both in force and number. Sometimes, however, the pulse *loses* in power, but *gains* in velocity, and here, unless we are very cautious and watchful, instead of the pulse descending from a hundred and twenty, the patient sinks into oblivion. Dr. Withering was the first to suggest its use. I have uniformly found it to exert a beneficial effect in allaying the maniacal paroxysm, and reducing irritability, exactly in proportion as it reduced the pulse, whatever the *mental* action, whether gay or melancholy. *Case.*—May 20th. Æt. 35: a compact, strong-made little man; generally cheerful and obliging; a lunatic for some time; eyes bright, quick, and prominent; countenance animated and sarcastic; pulse greatly accelerated; very talkative, with great volubility; inquisitive, quick, and sarcastic in reply; bowels costive. Purgat. 21st Boisterous, impudent, noisy; countenance expressive of great excitement; spits at people, and then abuses them; pulse quick

and full, earotids beating powerfully. R Tinct. Digit. \mathfrak{mxxv} ., ter die s. 22d. More noisy and talkative; offensive as before in conduct; talking deliriously. Last night began to destroy everything around him; then confined to his bed, from which exertions to get loose powerful and incessant for last twelve hours. R Tinct. D., \mathfrak{mxxx} ., ter die s. 23d. No alteration. Continuantur. 24th. No amendment; pulse quick and full. R Tinct. D., \mathfrak{mxi} ., ter die s. Hitherto, digitalis only *stimulative*. 25th, 9 A.M. Not quite so violent; says "he perceives the medicine does him good;" pulse quick. R Tinct. D., \mathfrak{mli} ., ter die s. 7 P.M. Pulse still quick, and he is more noisy. R Tinct. D., \mathfrak{li} ., vesper capiendo. 26th. Much less excited; pulse sharp, and 90. R Tinct. D., \mathfrak{mxxx} ., ter die s. 27th. Digit. continued. 28th. Been sick with nausea; this morning more rational and tranquil; liberated from coercion; pulse soft, and 60. Omitt. digit. 29th. Much more calm and manageable; passed the night without confinement to his bed; pulse 42, and rather irregular; languid; appetite good, and permitted to eat heartily. From this time forward continued to improve. Has found it necessary, in most instances, to give digitalis for two or three months successively, generally in small doses of \mathfrak{mv} . to \mathfrak{viij} . thrice daily. Pulse thus kept steady, and patients been enabled to enjoy amusements, exercise, or labour, and to mingle peaceably with the other lunatics. Have repeatedly omitted it, and insubordination, restlessness, and a slight acceleration of the pulse have always followed. On resuming the medicine, the patient has peacefully and cheerfully returned to his avocations—generally labour, and, under this treatment, has very much improved in health, and been ultimately restored to sanity. The two Misses L—— laboured under melancholia religiosa, with a quick pulse. After attending to the stomach and bowels, I put them on a course of digitalis, and *they improved as the pulse was reduced*, became manageable, and, by the powerful aid of a moral treatment, judiciously planned, and faithfully executed, they recovered, though long, I think some years, had been considered hopeless. I frequently combine camphor with digitalis, and have found its effects rendered more certain and uniform. M. Esquirol is wrong in saying that opium and other sedatives are now rejected by unanimous consent. Dr. Hallaran, for instance, speaks of its being, under certain data, of infinite utility, although opium is the most objectionable of anodynes. Dr. F. Willis uses the henbane, hemlock, and foxglove, to allay irritability. *Case*.—Symptoms precisely analogous to the one last detailed. April, 1817. Excitement combated with small doses of camphor and æther, and by taking a half a pound of blood from the neck. On the third and fourth days, camphor gr. x.; opii p. gr. l.; nitr. gr. v. Ft. Bol. vel Haust. 6 q. q. hora s. Continued this till the fifth day, without amendment. At night, on fifth day, R Extr. Hyoscyami, gr. xxv., hora somni s. Next morning slept well, and more tranquil during the night. At 5 P.M., out of bed, loosed from restraint; pulse quick and feeble; tongue parched, and covered with fur; very weak; drink, common water, acidulated with muriatic acid. Next day better; tepid bath. Although he took his food well, I found it necessary to support him. R Decoct. Cinchonæ, \mathfrak{zvi} .; Extract. Cinchonæ, \mathfrak{liij} .; Conf. Arom. \mathfrak{li} . Ft. niist., de qua eap. coch. \mathfrak{liij} . quart. quaque hora. Continued this about three weeks, when his bodily health was quite restored; bark had a decidedly good effect. I have frequently given the Ext. Hyoscyami, in doses of gr. v., every fourth or sixth hour, with

the effect of tranquillizing very restless lunatics; and I have, for years, been in the frequent practice of giving it in doses of 20 and 30 grains, at bedtime, with the most complete success, as to procuring rest; nor have I ever witnessed any ill effect from its use.

I have rarely found that lunatics require more powerful purgatives than other persons; sometimes, however, they labour under very obstinate constipation, when the most active purgatives may be dangerous, or rendered abortive, and enemata useless, being stopped by hardened, compacted faeces in the rectum. In this state, the following suppository will be available and effective. R Extract. Elaterii, gr. i. ad ij.; Submur. Hydr., gr. v.; G. Gamboge, gr. v.; Sapo dur, g. s. Ft. in ano impo-

nantur. Does not recollect ever giving an unusually powerful emetic. Has found Pulv. Ipecac. ʒi.; Antim. Tart., gr. i., sufficient.

In a great number of instances in which I have used the pilulæ hydragryi (as an alterative) in old cases, I have never once witnessed a bad effect; and there is not a single instance where the medicine has not been of some benefit, and many cases in which recovery was chiefly, if not wholly, attributable to it. I have generally combined with it either the carbonate of soda, digitalis, or columbo, according as the corporeal ailments seemed to require these remedies. I should, however, apprehend mischief from its use in most, perhaps in all *recent* cases, attended with excitement, except as an ingredient in an active purgative. To the insane we should administer no medicines with the use of which we are not familiar, and that, too, after being well versed in the peculiarities of the insane. The inexperienced should never venture on medicines of extraordinary power, as hydrocyanic acid and colchicum; this is only justified by much previous study, weary experiment, and cautious induction. In giving digitalis, if the suggestion of Dr. Withering—to refrain from diminishing or suspending it, until nausea and vomiting occur—has been followed, I have no doubt that death has frequently been the consequence; pulse the sure index here. The shower bath frequently relieves the headache and irritability in old cases. It may also be advantageously used to allay the irritability and restlessness of some epileptics; by it I have frequently seen the fits postponed. I think it is not in any other cases peculiarly beneficial. The tepid bath, about 96 F., is very grateful to almost all lunatics, and there are very few cases in which it may not be very advantageously used, at least once or twice weekly. Besides promoting a healthy state of skin, on account of cleanliness, it is of much value. The cold, plunging bath, or otherwise, does not appear so useful as the shower bath.

The circular swing is a means of cure, possessing immense power; I have found it extremely useful in obstinate constipation, and in dyspeptic complaints with much acid. A fine young woman said to me (1823), "The circular swing did me more good than aught else; it threw all the sour stuff off my stomach." Shortly after, she recovered. When patients are very unruly, and, at the same time, have either of these ailments, it never fails to be physically and morally beneficial. I do not believe that apoplexy can ever occur here, if the patient be not in a furious state when put in the swing; with this single exception, I consider the circular swing perfectly safe. It should be easily accessible in every asylum, but *never* be used, except under the direction of an experienced physician. Best time, a little before retiring, as its physical effects pre-

dispose to sound and refreshing sleep; it lowers the pulse, unloads the alimentary canal, and relaxes the skin. Giddiness and sickness are speedily produced; sometimes the patient vomits, and passes feces in rapid succession and great abundance along with his urine.

In epileptic insanity, I have freely used the spirit. terebinth. rect., as recommended by Dr. Edward Percival, frequently with much benefit, the fits being often suspended from their usual accession, and when returning, being less violent. Added to this, I have checked the circulation, when necessary, with the foxglove, and aided the stomach and liver with carbo. sodæ, pil. hydr. and columbo, according as these medicines would be indicated in ordinary practice. Nor have I hesitated to give all these in conjunction, or variously combined; for I have been long quite satisfied, that much more can be effected by a skillful combination of various remedial means, than by the most judicious exhibition of an isolated remedy. Simplicity in prescription is a good way to learn the practice of physic, but it does not appear to me the most certain method to attain our object. I have seen no benefit from the use of various other means advocated by distinguished physicians: as the cuprum ammoniatum, argent. nitrat. valerian, &c. General health and appearance not forbidding, I have taken blood in small quantities, from $\text{ʒiv.} - \text{vi.}$, from the arm, or better, from the jugular vein; uniformly shortening the fit, and rendering it much less violent; this should immediately precede the fit. In these as in all other cases attended by derangement of the mind, the bowels should be always kept in an active state, but not purged. Straightening the hands and limbs has very frequently appeared to put a stop to the progress of the fit; and where no hurt or violence occurs, I have always permitted, and sometimes advised it. I have frequently known the epileptic fit checked by various means, as by surprising a patient, or suddenly shaking him; but cannot recommend the practice, as great irritability has uniformly succeeded, or a state approaching dementia, and the general health has not been so good for a week or more afterwards, or till a regular fit has intervened: so as to checking the aura epileptica. *Case.*—1820; Thomas Halliwell, an epileptic lunatic, recovered during the use of spirit. terb. rect. ʒiij. ; Tinct. digitalis, mviij. , ter die s.

He has restored at the Lancaster Asylum 8 out of 58, or 1 in 7 epileptic lunatics.

Superintendents of a great number of lunatics should soothe the irritable, check the forward, encourage the timid, resist the importunate and petulant, but carefully attend to all reasonable requests. So he must be just in judging between two lunatics. He must neither coincide with a lunatic in his delusions, nor attempt to reason him out of them; best to let them go unheeded, and fix his attention to a very different subject, as much as possible unlike the subject of delusion. Insolence, and even the grossest insults, must be borne with patience, and even good temper, rather than inflict the slightest restraint on a patient unconscious of the nature of his offence. A judicious discrimination, the fruit of experience, here necessary; for when conscious, it is proper, and conduces to recovery to resist him, but with a mild and firm manner, and calm dignity; irascibility of attendants wholly inadmissible. *Case.*—Intriguing, unruly, and vicious, and detected him contriving a dagger with a piece of iron; on removing it immediately, excessively abusive; muffs then put on; the most revolting imprecations, saying, "I'll murder you yet: I am a mad

man, and they cannot hang me for it." Muffs on for three weeks; then strictly watched for a short period; then, as not violent, no restraint at all. Was studiously reserved to him, till I saw that he was ashamed of his conduct, then treated him with the same cheerful freedom as other patients; soon good friends, and premeditated assassination forgotten. A patient on no account to be beaten; strict coercion in a dark room generally sufficient for very unruly lunatics, if done in a mild and determined manner; in all cases of coercion and punishment, this is to be our guiding axiom—mildness and firmness; and the demeanour of the attendants should indicate regret for its necessity. At the same time, the patient should be taught by the powerful means used, the uselessness of resistance; this last is of the utmost consequence, since inefficiency begets a spirit of resistance, tending directly to excite furious mania. By these methods, few of the insane who cannot be made cheerful and tranquil—the most favourable state for bodily health and mental recovery. Should be a law that all restraint is improper which is not imposed either to prevent the patient from injuring himself or others; and the moral treatment preceding coercion should be inquired into, for necessity of coercion may arise from some prior mismanagement. Occasions, however, when strict coercion contributes much to tranquillity and comfort of patient, and lunatics have earnestly sought it: but these are generally in the early, the delirious stage, when excitement and suspicion of a novel superintendence not yet lulled. On the first manifestation of deranged symptoms, those around the patient should be extremely circumspect, so as not to confirm him, by any conduct of theirs, in his suspicions of his own insanity, for this augments the disease. Every portion of the conduct and manner, indeed, of those approaching an individual in this condition, must be strictly guarded, as the least things are noticed by him, and delusions built upon them. *Case*—A young woman, a nurse in a large public hospital, who after a slight fever became timid and hesitating, and after giving an account of ailments would suddenly insist that nothing was the matter with her; knew every one, and conversed rationally except as to health and duty. Opinions never combated; if actions required any interference, which they frequently did, was diverted from her object as indirectly as possible: no appetite, thirsty, and exceedingly weak. Gradually recovered strength with the aid of bark: for two or three years after, however, irascibility instead of previous mild manners; however, discharged same duties as before. Thinks a high case would have been produced by the strait waistcoat, &c.

Drafts is a very suitable game in weather unfavourable for outdoor exercise; is a gentle stimulus, without exciting the passions; many lunatics play an excellent game. Mentions one never beaten, who wrote games out; his health unfitted him for labour, and he was thus relieved from hopeless ennui. *Ninepins* is also well adapted: pins and bowl to be made of strong leather stuffed with horsehair; he introduced this eleven years since, and yet it is noticed by a periodical as a recent invention in Berlin; it is greatly preferable to drafts, as being a fine exercise; calculating the score also disciplines the mind to accuracy. The insane should never be encouraged to write. If anxious to do so, may be permitted to write a short letter to their friends, provided they are sedate, and not easily excited or depressed; but even then bad effects frequently conspicuous. This is because they introduce their insane notions, the exertion excites vivid emotions, confirms them in their imaginary charac-

ters, and they finish writing much more restless lunatics than when they sat down. I never, in any one solitary instance, witnessed any benefit from permitting lunatics to write on any subject, where their own insane notions could be introduced. Walking is so obvious, that I only notice it to say that lunatics should never stroll alone, because, if excited, they will take too much exercise; if depressed, not enough; and they seem here peculiarly prone to indulge in their insane reveries.

Amusements are generally the first occupations which patients can be induced to adopt. Useful labour should succeed as soon as possible to amusement, if the prior habits of the patient will permit; and many are susceptible of benefit from labour, whose intellects unfit them for amusements. The mind seems always more or less active, excursive, and consequently restless, if unemployed; and therefore should be exercised and carried out of itself, either by manual labour or some favourite amusements. Some stated task should be imposed on all. It is disgraceful and reprehensive to permit them to idle away months and years. Safest labour as to means, and best as respects moderate and wholesome exercise, the wheelbarrow. Utmost advantage to his patients, rich and poor.

Case.—A wretched hypochondriac, in such a state of apathy as to be considered an idiot: he would be constantly turning about in one place, pulling in pieces a particular part of his dress, and tying it in knots; heaving deep sighs; snatching a glance at the bystander. Used various means to arouse him, and after a considerable time resolved to try the wheelbarrow. Persuasion, &c., unavailing. Then made him grasp the handles of a barrow, and two assistants held his hands there. Then, after one or two days farther efforts, with persuasion, &c., tied his hands to the handles of the barrow with handkerchiefs, and putting him in the midst of a line of five or six barrows, he was constantly urged by the other patients. He demurred at first, but shortly set to work furiously. This victory was followed closely up, and in a few days he was an excellent workman without compulsion, and in about a week from choice. Other moral measures were used also, such as communicating stirring news, &c.; and after six or seven years' total silence he began to converse, proved to be an acute and well-informed man, and recovered. Subsequently, however, he was grossly ungrateful. From the pleasure derived from useful occupation, permission to labour with the barrow may be made a source of indulgence, and its restriction, of punishment. Outdoor labour of every kind is much better for corporeal health, and consequent sanity of mind, than any other; especially in those numerous cases where the stomach is obviously much disordered, and its cure is generally, perhaps always, followed by the restoration of sanity. It is therefore of the utmost importance that simple means be provided for every gradation of exercise and labour. To the women, cooking, washing, ironing, mangling, cleaning, making and mending clothing, &c., are healthful, and answer well the main objects. No experience as to agriculture in women; doubts whether it would make them more tranquil; but in his practice, in the same species of insanity, their number of the unruly as compared with the male insane, is at least 2 to 1. Women, too, will not amuse themselves with drafts; it seems too great an exertion of intellect. They enter readily and gayly into the dance; sometimes they will play battledoor or romp; but, in general, they take much less interest in mere amusement than the men, and those too indolent, or not well enough to be employed in some useful occupation, will rarely attend,

even for a short time, to anything requiring exertion of body or mind, unless strongly prompted; whereas, on the contrary, the majority of men of the same class will always be found playing drafts, ninepins, or, if permitted, plaiting straw, and making of it hats and bonnets, baskets and table-mats. In the straw manufacture the whole affair is left to themselves; and they have a regular systematic division of labour, although a novel occupation to every one of them. One picks and sorts, another plaits, another cuts the ends of the straw with his thumb-nail, knives and scissors being prohibited. Pecuniary gains small. This evinces, incontestably, that the spirit of industry is incomparably stronger in the insane man than in the insane woman.

There seems an innate devotional feeling in every human soul, and this dim longing is gratified in religious worship. From numerous complaints as to the want of this observance on the part of patients, which proceeded, in some cases, from those who undoubtedly felt a longing desire, he had it instituted. He is opposed to a daily visiting clergyman, as there should be no clashing authority, &c. Of sixteen letters to the committee of the New Bethlehem, in London, for 1817, from various physicians and superintendents of lunatic asylums, fifteen speak favourably of the effects of religious instruction in their respective establishments, and in the other none had been resorted to. Dr. Monro, one of the physicians to the Bethlehem Hospital, states, "A general augmentation of comfort amongst a considerable class of the older and more orderly patients. Danger, lest such instructions alarm and dishearten a mind already enfeebled by disease; and more than one instance of a similar result has fallen under my observation, where, so far from advancing the cure, it has even retarded recovery. I (Dr. M.) cannot with a safe judgment recommend its exercise in recent cases; but, assuredly, I both can and do approve of the frequent exercise of religious instruction and consolation amongst many of the incurable." Dr. K. appears to oppose instruction or worship on week-days, but approves of Sunday exercises. Result of his observations: 1st. Chief advantage of services on Sunday, the satisfaction from having performed a sacred duty; though the majority incapable of appreciating the merits or importance of the service. Insane notions have sometimes been called into action by the service. 2d. Orderly conduct depends on management. If properly regulated, few will behave improperly in the presence of their physician and his servants. 3d. When performed on Sunday, nine out of ten recognise the pleasing solemnity of the day. 4th. Even recent cases, if not excited, or very prone to be so, may advantageously attend. 5th. Never saw any injury to convalescents, but much benefit. 6th. No permanent effect, beyond immediate advantage of allaying the importunity and restlessness, resulting from absence of Divine worship, rendering Sunday (instead of a day of idleness, gloom, and discontent) the most cheerful and pleasing day in the whole week. It is the duty of the physician to ascertain whether religious misconceptions are making injurious impression on the intellect, and it is also his duty to yield to the religious desires of his patients in every degree, that will not endanger their intellect, or impair their health; this has been the rule of his own conduct.

Of the power of music, even in a very imperfect state, to tranquillize the insane, and induce an unusual degree of cheerfulness, I have had instances far too numerous to specify; nor have I witnessed from it a bad effect in any one individual. At the same time, I do not think it

proper, or even safe, to permit all lunatics, indiscriminately, to hear music. Never ventured to try it in excited and recent cases. Psalms and hymns peculiarly fitted for the devotional exercises of the insane: they always appeared to afford much gratification to all classes of lunatics; and am satisfied have, in many cases, contributed to recovery. Though less experience as to effects of music on the females than the males, have seen enough to conclude that, properly conducted, it may be made more efficient in the former than in the latter; but will require more caution in its use, as acting more powerfully. *Case*.—Married; young; melancholic; remained in her room gloomily brooding, and would not come near the music, though repeatedly urged. At length, one evening, when eight or ten couples were merrily dancing, she slowly and cautiously peeped out of her room, seeming afraid and ashamed of being seen. In a day or two became less reserved, and ventured from the door of her room; had her brought among the dancers, resisting, though evidently “nothing loth:” she paused a minute, then suddenly turning round, drew her shawl off, and began dancing gayly. From that moment ceased to labour under melancholia, and shortly after was discharged, well. M. Esquirol says, that “music well managed acts with considerable power, both on the moral and physical frame.” Dr. K. feels no hesitation strongly to recommend vocal and instrumental music, as an important means of cure.

As to classification, reprobates the idea of dividing according to the theory of the name, as the dirty, the noisy, epileptic; for one epileptic, and so on, may be quiet and inoffensive, another violent and dirty, &c. With regard, indeed, to the epileptic in particular, the peaceable lunatic is often a very useful companion to the former; and, *vice versâ*, many epileptics, at intervals of weeks and months, are very rational, and excellent companions to the convalescents. Placed together in considerable numbers, they would embitter each other’s lucid moments. I have found that in classing lunatics, only very general rules can be adopted. The vicious and violent, curable and incurable, form one class; the very noisy are rarely long so, and can be scarcely said to form a class. When females annoy their companions (for this is far more frequent among the women than the men), if but one, she should be secluded in a dark room; if more than one, they should be put together; mutual uproar makes one or both eventually become quiet. They may then be quietly restored to the class they came from. The peaceable and decently behaved, whether curable or incurable, and the convalescent, should form a class. The sometimes unruly, and the very talkative and obtrusive, and the more slovenly and negligent as to person than the generality, should form another class; those with offensive habits another. In each of these may be several grades; and translations from one to the other may frequently be necessary. If patients are permitted to associate with the person immediately in charge of them, they will of themselves form very useful subdivisions. The more rational and industrious will court the society of the keeper or servant; and the latter will employ them in many little confidential duties; this, from the consequent good understanding, I have found very conducive to the comfort and recovery of the patients.

Case.—Æt. 35; fasted fourteen days; told me he had not experienced any benefit from eating; that it had frequently made him ill; on asking it, said he would take any medicine; I told him, then, that it would be

necessary to take it in beef tea. A pint was sent, and he took it; and it was repeated, until his appetite returned, when he again ate his food as usual: he was finally discharged, well. I have frequently known food refused when offered at stated periods, and yet taken readily enough when the patient was permitted to eat when he thought proper. The lunatic was shut up in his room, and his food was taken to him and left without comment: the dinner was always made peculiarly grateful to the palate. I cannot recollect more than one instance where I thought it expedient to force a lunatic to take food, and I believe that in that case I acted wrong. Proper management will render *forcing* very generally, if not always, unnecessary; patience and address seem all that are necessary. Means of compulsion should be constantly, nevertheless, in the hands of a physician, as it may be sometimes required to administer medicine instantaneously. *Case.*—*Et. 45*: seized a vial, containing a drachm of lunar caustic in solution, and at once drank it off. Within a few minutes I saw him; he had been vomiting, looked excessively pale, and appeared very weak. Beef tea being at hand, dissolved two ounces of common salt in it, and desired him immediately to drink it off. He obstinately refused. Instantly had him secured in a reclining posture; introduced the key into his mouth, and had no difficulty in making him swallow the basin full, nearly as speedily as though he had voluntarily drank it. Purged afterward, and a short time allowed broths, &c., and sustained no very serious injury, though he never recovered a healthy appearance. Mr. Charles Newington has invented an instrument, consisting of a syringe with a tube, covered at the end, to pass behind the last masticating or jaw tooth, when the teeth are pertinaciously closed. It seems to answer, but perhaps might be made more efficient if another tube were fitted with valves similar to the stomach-pump, so that, on being introduced, it might be kept there until feeding was finished. The key consists of a handle and stem pretty much like a corkscrew, and instead of the screw at the end, an oval part, being a plate of iron about a quarter of an inch thick (the edges being rounded and polished), and of a size to fill the cavity of the mouth when the jaws are extended: in the centre is a hole about an inch in diameter. In using it, it is to be introduced edgewise, and then turned, so that it will fill the whole space, or nearly so, behind the upper and lower fore-teeth, and then the food is introduced by the hole. By a pump on principle of the stomach-pump, and this key, either food or medicine may be injected into the stomach in any quantity, without resorting to the harassing and very offensive operation of compressing the patient's nostrils, so as to force him to swallow before he is enabled to breathe.

Means of restraint, source of much difference of opinion: several years since, procured from various places, particularly recommended for their humane methods, their apparatus; avoiding injury seemed the leading object, but its execution was singularly deficient. Objects to the straps, strong, carefully padded, and covered with soft wash leather, the means he found used to secure the arms and legs, as pressing too much, if tight enough, and from perspiration caused by the padding, producing friction: straps in Dublin asylum round arms, much better than padded wrist straps; but this also preventing free circulation, was, like the last, inferior to the strait waistcoat, but many powerful objections to latter. After trying various methods, thinks best, 1st, muffs; 2d, hand-muffs, or, as now called, mittens. It will frequently please a patient to

give him his choice between the muff and the pocket-muff. 3d, sleeves: these are by far the best way he can imagine of securing a lunatic. Consist of two large strong leather sleeves, closed at the bottom, and fastened across the shoulders by a strap, and staple and lock, and again the same means across the back by the elbows; the sleeves being attached in front by a broad short belt across the upper part of the breast. In extreme cases, where the patient makes violent exertions to break the strap across the back, also adds another strap, passing round the thigh, and through a loop sewed to the bottom of the sleeves, and then he stands with his arms, as it were, loosely by his sides; in this position he can make but feeble efforts with them. If the common leg-locks be added, the patient will be rendered almost powerless, without any injurious pressure whatever, although his exertions should be the most violent and incessant. Patients have worn these sleeves for months, without the slightest injury from them. If, at any time, they or the muffs are found too warm, small holes may be easily punched in them so as to admit of ventilation.

SYER.

A DISSERTATION ON THE FEATURES AND TREATMENT OF INSANITY, &c.
By John Syer, Surgeon, &c., Author of a Treatise on the Diseases of Children. 1827.

GREEK physicians mostly trusted to nature. M. Georget, an assistant of Esquirol, says that medical remedies, but in few cases, serve otherwise than feebly to change or modify the succession of phenomena. It is vain to expect a cure, if we consult the disordered patient's will, or the opinion of his friends, in opposition to our own practical knowledge, in determining whether he shall walk, take his medicines, or conform to our directions.

I. Medical Treatment. First, idiopathic cases; not occurring from, and marked by, no bodily disorder. Dr. Knight says that he is not aware of any rational mode of treatment that has not for its basis moral treatment, and the regulation of diet. To be commenced by mild and firm discipline: by this, he has succeeded in preserving in the patient a tranquil and decorous course of demeanour. Mentions a youth, aged 19; very refractory, and highly capricious and unmanageable, so favourably impressed thus, that it was very difficult to detect insanity in him. Mr. Hill says that not more than from 7—10 in 50, in highest sthenic form, require greatest reduction of the vital powers. Aræteus and Trallian, under the head of Phrenitis, recommended wine and other cordials, to promote tranquillity and refreshing sleep. Thinks bleeding most efficient resource, though reprobating its excess; many cases in which it could not be done without. Where the pulse stands from ninety-six to one hundred, in young persons, with a white tongue, hot skin, and suffused eyes, Dr. Hallaran prefers opening the temporal artery: later practitioners show reluctance to do this. *French physicians* are against both bleeding and emetics. *Tepid bath* is an essential part of their treatment; to be in it for an hour two or three times a week; and if nothing can tranquillize, whilst in tepid water, a stream of cold water is poured on the head, from three or four feet above. After two or three trials, bare allusion to it restores the patient's conduct, and tranquillizes him. Acute mania may be subdued, leaving a mitigated excitement; by applying from eighteen to twenty leeches to scalp, succeeded by cold topical applications, may be met:

Mayo thinks this treatment better than general bleeding. If other parts become diseased by sympathy with the brain, treat them. Mayo occasionally uses cupping, or general bleeding; issues or setons; continued repetition of purges; sudorifics and occasional emetics. As exceptions, one case of puerperal mania successfully treated by stramonium; and another, from intoxication, by opium; appearing only to subdue extreme irritability of the patient. When there is great irritability, cordials, and frequently a more generous diet, with everything to soothe the patient. Here sedatives are useful, as hyoscyamus, with extractum papaveris albi, not neglecting the state of the bowels. Such patients are weak and delicate; some marked by a florid complexion or flushed countenance. Syer mentions a case cured by tremendous bleeding and active purging, followed by an opiate; a full liver; had experienced an epileptic attack from suppressed hemorrhoids; was extremely violent. Taken on the 17th Oct.; convalescent on the 22d: then bitters, occasional mercurial pills, and plain nutritious diet. In six weeks from the commencement of the attack, perfectly restored.

Drs. Knight and Hallaran both occasionally used opiates: the latter thinks it, in general, the most objectional anodyne. Pritchard, in his work on nervous diseases, gives a case, where the symptoms amounted to *phrenitis*; and in which very bad effects ensued from bleeding; a torpor following, on which nothing would act. In another case, where the symptoms requiring bleeding were less forcible, the utmost degree of universal relaxation followed the loss of blood from the temporal artery, and sleep ensued. Here, copious purging and salivation preceded it: the individual's constitution was feeble; but the temporal and carotid arteries pulsated inordinately. Next important to the lancet, saline purgatives with jalap; repeated every two or three days, while topical vascular symptoms remain. The head to be universally shaved, and water, many degrees below its natural standard, freely applied to it. Also might use vinegar or muriate of ammonia. R *Ammoniac murias*. ʒss.; aqua, a quart. Also sulphuric ether. * Avoid all irritating things; room darkened; no stranger, beyond necessary attendants. At first, blisters only increase the irritation, behind the ears or on the scalp; only subordinate: more useful in a low state of the disease. When the patient is unmanageable, cupping on the scalp, after bleeding from the arm, preferable to either temporal artery or jugular vein. In intense paroxysms, says Pinel, continuing through summer and winter; moroseness, melancholy, lassitude, confusion of ideas, succeed to excitement, in the winter. Looks altered, pulse feeble and depressed; then guard against cold, and give cordials and tonics. Author uses small doses of digitalis, hyoscyamus, and antimonials. Dr. Withering first used digitalis in mental affections. Dr. Knight found it beneficial in every mental action, in allaying maniacal paroxysm, and reducing irritability, precisely as the pulse reduced. If the pulse lowers in power, and gains in velocity, it is baneful; may sink into oblivion. He employs, at regular intervals, *small doses of Tinctura Digitalis*; from 5 to 8 drops, thrice daily, for three months. Pulse always the true index. Knight also employs, with most salutary effects, as a soporific, extractum hyoscyamus, iv. to vi grs., every four to six hours; never having observed an unfavourable action from it. Reproaches Withering's method of administering digitalis, until nausea, vertigo, and vomiting ensue: thinks it stimulant, and afterward, indirectly, sedative. Author says this, and other sedatives, are more indicated at the beginning of insanity,

excited by violent mental affections. Opiates and antimony often beneficial. Although a symptom, yet, as checking morbid action, whilst it lasts, and encouraging *sleep*, it is useful. In cases where there is great irritability, with restlessness, and extraordinary loquacity, without the concurrence of strong arterial excitement, the above sedatives, in combination, occasionally substituting *extractum papaveris albi*, with the *hyoscyamus*, and some antimonial preparation, for the *digitalis*. Dr. Knight says the shower bath has been found to relieve headache and great irritability in old cases, when the skin is hot and dry. He says the tepid bath is grateful to almost all lunatics; there being few cases in which it may not be advantageously used, at least once or twice a week. Preferable to the cold bath in promoting cleanliness. He strongly advises the circular swing: gives the case of young lunatic female labouring under dyspeptic complaints; acted powerfully on the stomach, and she recovered. Extolled in cases with obstinate constipation. When very unruly, and afflicted with dyspeptic symptoms, uniformly beneficial in a moral and physical point of view. Should not be employed in furious excitement. Best just before retiring at night. In females, Syer says the torpor of bowels should be obviated by aloetics with calomel.

Dr. Knight doubts the efficacy of blue mass in recent cases; but in old cases, in a number of instances, he never witnessed a bad effect; and not a *solitary instance* where it had not some effect, and *many cases* where the recovery was chiefly, if not wholly owing to it. According to the corporeal ailment, combined it with carbonate of soda, *digitalis*, or *columbo*.

Second, sympathetic cases. In epilepsy, with mania, Dr. Knight cured more than one out of seven. Used freely spirits of turpentine, as recommended by Dr. Edward Percival, with considerable advantage; fits often suspended from their usual periods, and less violent. When necessary, checked the circulation by *digitalis*, and aided the stomach and liver with carbonate of soda, *pil. hydrargyri*, and *columbo*, according to indication: in conjunction, variously combined: he thinks much more may be effected by combination than singly. Bleeding in small quantities, health and appearance, not forbidding; from four to six oz. from the arm, or better from the jugular vein: it shortens the fit, and makes it less violent; to be used only immediately preceding it. Bowels to be kept in an active state, not purged. Shaking a patient from the fit hurtful. One patient recovered from the use of *R Spiritus Terebinth. Rectif.*, *3iii.*; *Tinct. Digitalis*, *gtt. viii.*, *ter die sumend.* Another cured similarly.

When from *erysipelas*, we must depend principally on aperients, salines, calomel occasionally, and antimonial powder. Patient to be kept in bed, and temperature of the room not allowed to fall below 60° or 65°; sudorifics daily. Avoid all repellent applications. Often expedient to invite return of eruption by counter-irritants: large blister between the scapulæ, and sometimes to the whole scalp, having previously cupped. Though purging, not drastics. Considerable exhaustion in the latter stage of the disease, upon the retrocession of the eruption, sometimes indicating wine and gentle tonics. In delicate subjects, more active mercurials; Blue Mass, *grs. v. to vi.*; *Extractum hyoscyami*, *grs. ii. to iii.* Also, as fever and irritation of chylopoietic viscera subside, the bitter infusion with that of rhubarb and the carbonate of soda. Diet to correspond with the indication. If the cutaneous affection be well treated,

mania disappears. If, however, it return, from exposure or diet, active mercurials, followed by saline aperients, and in the evening blisters and R Ext. Hyosecy., gr. iij.; Pulv. Ant., gr. vi. If uterine mania occurs during the latter period of utero-gestation, eagerly anticipate the time of delivery, and only palliate the constitutional symptoms. Bleeding and brisk aperients at short intervals. If the stomach sympathize, tranquilize it by the simple effervescing draught, or some mild bitter. Supervening to delivery, it is more dangerous; restraint is often necessary early. If the milk be unsuspended, the child is often to be brought to the mother, or it is to be drawn off. Utmost quiet. No company. Room to be cool, and without light. Everything awakening the patient's feelings to be removed. If lochia be suppressed, as is often the case, fomentations of chamomile flowers. Leeches early to hypochondrium and temples; or general bleeding, where the pulse denotes unusual strength or fulness: this succeeded by active aperients. Saline mixture as often as is required. Extractum hyoseyami, gr. iij.—iv., aa.; Extractum opii, with James's powder occasionally at night. To promote the return of the lochia, hip-baths occasionally. Fever being lessened, a light chalybeate, with aqua pulegi, two or three times daily.

Cases from Deranged Digestive Organs. 1st. A patient from St. Bartholomew's Hospital; confined to his bed for six weeks from rheumatic pains: also an ulcer in the leg for four or five years—then became deranged; about thirty; delicate stature; darkish complexion; much debilitated. Suffusion of tunica conjunctiva; at intervals strong proofs of violence; pulse rapid; skin not very hot; incessantly talking incoherently, but not irascible, and discovering no illusion of thought; tongue for the first fortnight covered with a brownish fur, gradually disappearing at the edges. Bowels at first constipated, and urine voided involuntarily. In tranquil moments could impart no information. Mercurial cathartics every alternate day, for ten or twelve days, with common saline mixture at intervals. Calomel, grs. iv.; Jalap, ʒi.; at other times Pil. Gambogiæ Composita, with a dose of senna. At an early period, used the strait waistcoat: head shaved, and cold ablutions frequently applied, of equal parts of vinegar and water. Small doses of digitalis and hyoseyamus, combined with the saline mixture. Room darkened, and visitors excluded. For some days, evacuations dark, highly coloured, and offensive: in three weeks, spontaneous diarrhœa. Pulse lowered, more tranquil, and some sleep: allowed more liberty as the functions improved. General debility, from confinement in bed and depletion, removed by slight cordials and bitters, with a more liberal diet. Recovered.

2d Case.—Female, æt. 45. Hereditary. Very restless and talkative, but correct in her answers to questions; dyspeptic; feverish; scarcely any sleep. Small doses of Epsom salts every five or six hours; at night Extractum hyoseyami, grs. iii.; Extractum Papaveris, grs. ii.; Pulv. Ant., grs. iv., for several nights. Kept very quiet. Being bilious, took Tartar Emetic, grs. iss.; Ipecac., grs. xv.; followed by Hoffman's æther, ʒi.; Liq. Sed Opii, gutt. x., in mint-water. Next day, at night, Blue Mass, grs. vi., and every six hours Sodæ Carbonas, grs. x.; Infusum Gentianæ, ʒiss. Then came on erysipelas of the face. Bowels now more freely acted on by calomel and antimonial powders, several times; with occasional doses of Epsom salts and infusion of senna. During the remainder of the day, saline draught. Blisters to the ears and nape of the neck in succession. Hyoseyamus and salines continued.

During erysipelas, the mind was better; and after the inflammation abated, slept better. After four or five days a recurrence of bilious symptoms reproduced erysipelas: the head was shaved, covered with a blister, and, after it healed, vinegar and water applied frequently. Convalescent in six weeks. Whilst the blister was on, slept little; syneope and nervous irritation; relieved by volatile alkali and æther, in camphor mixture. Epsom salts in the bitter infusion thrice daily, broth, weak wine and water.

Case Third.—A girl, æt. 16; immoral and dissipated; catamenia only once, and early. Fever; violent. Strait waistcoat; gamboge and calomel, with Epsom salts; followed by R Tinct. Hyoscyami, gr. xxx.; Vin. Ant. Tartar, 3i.; Mistura Camphoræ, Aq. Menth. Sativa, aa. ʒiijss. M. Ft. mistura. Three tablespoonfuls every five hours. Fits, for first time, and no sleep: for several nights the following pills: R Pulv. fol. digitalis, gr. iss.; Extract. Hyoscyami, gr. iij.; Calom. ppt., gr. ij., f. pilula. Mania terminated in a short time; was succeeded by a pneumonic affection, without pain or cough; and hectic destroyed her.

Case Fourth.—In which the symptoms were those of hepatitis, hypochondriasis, and mania, combined. A brother hypochondriacal. Previously an attack of hepatitis, accompanied by a hypochondriacal depression of spirits. Repeated general and topical bleedings, leeches and cupping side affected. Low diet. Quick succession of mercurial and other cathartics; great depletion, being plethoric. Hepatitis becoming more chronic; ung. hydrarg. fortius rubbed in right hypochondrium; and Pil. Hydrarg., Extract. Conii, and Pulvis Antim., twice daily. Subordinately, saline mixture, and afterwards decoctum sarsæ. in liberal doses, three or four times daily. Went to Cheltenham; mania ceased; depression of spirits and emaciation still. Abstemiousness, moderate exercise, early hours, no business. Blue mass still continued twice a week, followed by a gentle saline aperient. After going to business, six months after, maniacal symptoms returned, but hepatic affection not so strongly marked. Lost sight of him.

Haslam says, that as to medicines, there can be no particular directions; all that are proper in other distempers will be found of use in this, when applied with judgment.

II. Moral Treatment. Dr. Knight says that we should never coincide wholly with a lunatic in his opinions, &c., particularly with regard to his sanity: for otherwise he becomes restless, irritable, and importunate, though previously tranquil and contented; has known it to produce raging madness. The mind should be fixed on a subject having no relation with its hallucination. Dr. Monro says, you should never deceive them with regard to your opinion of their sanity; for being somewhat conscious of it, they acquire a sort of reverence for those who know it. Regularity in all things. To be removed as early as possible from home; more tranquil, mostly dislike strangers less, and there can be more regularity. When thus removed, his friends should not tell him that he was sane, lest he should be impatient. In resistance, there should be a mild, firm manner, with calm dignity. Where wholly unconscious of the nature of his offence, should be lenity and forbearance, rather than the slightest restraint. Sometimes strict coercion. Harshness and severity excite furious mania. Dr. Knight says, when the patient is first deranged, we should take care and not tell him so. Superintendent never to threaten without executing. Manacles of Dr. Haslam and Mr. Knight preferable

to strait waistcoat ; called muffs. In violent states of disease, to encourage sleep, should be alone in a dark room ; especially when from an inflammatory cause. We have to suit ourselves to the character of the patient's disease. Dr. Good says, that in most mental dejections, soothing and admonition mixed are the best medicines. Pinel mentions the case of a young man, who, having been calm for several months, was suddenly seized with a paroxysm of madness, seized a knife in the kitchen, and began to chop vegetables, bidding defiance to the servants, threatened, after he had jumped on the table, to decapitate the first that approached him. The governess calmly told the servants not to hinder so able a man from assisting the cook, and told the man to go on preparing the vegetables, congratulating herself on having so good an assistant. Whilst she took the knife in her hand to instruct him, the servants surrounded and carried him without danger to his apartment. Where other lunatics are in the same room with one in a strait waistcoat, they will release him. Dr. Willis and Dr. Simmons, of St. Luke's Hospital, permitted the convalescent to associate with the best class, and in the presence of the superintendent ; slight penalties were imposed on those transgressing. Pinel mentions the case of a lunatic, who fancied himself a king, which was cured by the kind admonitions and moderate reasonings of the governor, asking him, if a king, why he did not get out, &c., and pointed out to him another maniac of the same pretensions. Syer says that this could do only in convalescence. If the false ideas are confirmed beyond redress, he will be angry, says Dr. Knight, for it seems opposing the evidence of his senses. Dr. Knight mentions the case of a vicious, unruly, and intriguing patient, who made a dagger of a piece of iron. This being removed, he was very abusive, and threatened to kill the doctor. The latter said nothing : but the patient was kept in a muff three weeks, and he watched him. Then he was restrained strictly, for a short time. He treated him with studied reserve, until he seemed ashamed. Then he treated him with the cheerful freedom and good-humour that he has always endeavoured to observe towards all his patients, with complete reconciliation. Among the old and more orderly patients, Dr. Monro certifies an increase of comfort from religious exercises. No fanaticism. When conversing on, or connected with religion, conversation good, with men governed wholly by practical maxims. Those suffering from indelible religious prejudices, find no benefit from controversial reasoning. In making divisions, some respect is due to their previous grade in society. Melancholics should not constitute a separate class, as there would be then too much gloom. The peaceable and decent, whether curable or not, should be in one class. The unruly, talkative, and obtrusive, with the slovenly, and those negligent of their persons, in a second. And those of offensive habits in a third. Dr. Knight says, there should not be an isolated class of epileptics, as the sight of each other's convulsions would be too painful. If the patient was to be seized, Pinel had it executed by signs. Dr. Knight uses an iron lock to the ankles of the vicious and unruly, as less distressing than chains. After attention to the general health, amuse and tranquillize the mind, without suffering it to degenerate into direct meditation, or habits of solitary contemplation.

BURROWS.

COMMENTARIES ON THE CAUSES, &c., AND TREATMENT, &c., OF INSANITY.
By George Man Burrows, M.D., Member of the Royal College of
Physicians of London. 1828.

Case.—Placed in succession under several divines, that he might be educated with strict religious principles. Mind became thus bewildered, and at length thought constant attention to religious things a duty; would kneel in any place whatever; soon his religious extravagances were many, became violent on interruptions, and positively insane. *Æt.* 15; brought to Dr. B.'s asylum. No notice taken of his religious enthusiasm. Innocent amusements. History. Belles-lettres. Recovered. In numerous cases of amenorrhœa, derangement of mind preceded by obstruction, and the discharge returns with mental health. Emmenagogues do, therefore, much mischief. On the Continent of Europe black and yellow bile still supposed, and hellebore considered to possess an antimanicacal effect. In a periodical case, originally from syphilis, in which there was great irregularity of the circulation; at first being very quick, and attended by great general excitement, displayed in the mental and physical symptoms, and then very much depressed, and with correspondent symptoms of depression in the mental and physical actions: no remedy or plan produced any amelioration. On the approach of one paroxysm, tried depletion by dividing the temporal artery, by section of the jugular vein, and by scarifying and cupping. Symptoms more exasperated from this, and debility protracted the time of return to the degree of health existing between the paroxysms. This exhaustion was overcome by generous diet, the shower bath, and tonics. *Case.*—A quiet and industrious tradesman; *æt.* 30; subject to occasional fits of epilepsy, and lately much inclined to religious devotion. Sitting reading his Bible, when a female neighbour came in to ask for a little milk. Looked wildly at her, seized a knife and attacked her, his wife and daughter. Next day, countenance ferocious and hideous, complexion dusky red, eyes starting from their sockets, continually sighing deeply; or extending his jaws, as if going to yawn. Pulsation of temporal and radial arteries full and laborious. Could make no reply to questions, although he attempted it, but occasionally exclaimed "Oh dear!" Appeared to be on the very verge of apoplexy. Depleted freely, by bloodletting and purging; head shaved; refrigerating lotions and low diet. On third day intellect much improved, and was quiet. Soon quite recovered. A similar attack year before, but not then but slightly mischievous. Some years since occurrence of epilepsy or mental disturbance. A case of catalepsy, complicated with melancholia, in a young man, has recently come to his knowledge; he was cured of both diseases in about six weeks by the carbonate of barytes. *Case* of cataleptic derangement, produced by violent mental emotion: the catamenia being prematurely brought on, and suppressed by one and the same cause. At first in the highest state of excitement; when she was bled and purged copiously, afterwards was blistered, used the warm bath, and a strict antiphlogistic diet; leeches, also, to temples. In three weeks improved, but relapsed by too much society; milder mania supervened in a short time, changing to melancholia. In a fortnight sent to my establishment. Symptoms of torpor and tendency to catalepsy. As

in all cases of mental derangement of which I have no personal knowledge, and when the symptoms do not demand prompt remedies, so in this, I delayed prescribing till I had time for observation. This is a precaution always to be remembered on the first view of a case of insanity; for the history of such cases is rarely satisfactory. Preternatural heat about sineiput, whilst rest of body cold. Head shaved, bleeding from occiput by cupping, refrigerating applications, warm bath; stomach and bowels fully acted on, salivation, but with no permanent change, and she became, finally, more decidedly cataleptic. During this condition twice cupped, leeches once to head, tartarized antimony, briskly purged, spine rubbed with stimulating embrocations, blisters to extremities and irritating clysters; also warm bath. Head again shaved, and blister to whole scalp. Small blisters in succession along whole course of vertebral column; emetics twice a week: improved somewhat, but relapsed. After being with me two months and a half, she was removed, I urging a seton near the occiput. She then resided six months in lodgings, during which the seton was tried. From this she derived great benefit: the stupor and confusion of ideas left her as soon as the discharge from it was established. She then removed to the seaside, where she used both the cold and warm sea-bath, and took a great deal of exercise. At length the menses reappeared, very largely: up to this, slight returns of cataleptic symptoms. Cure complete, but kept seton open nearly a year. Ten years passed since, and no return of symptoms. Hufeland relates a case of a boy, between thirteen and fourteen, who suddenly began to talk in a very wild and incoherent way, and at length became ungovernable. Assuaged by soporifics, but paroxysm recurred whenever placed on his feet; symptoms vanished on removing a piece of glass from the foot. Old lunatics, when become feeble, are especially liable to an extreme constipation: if an accumulated and hardened mass be found by inspection, nothing will relieve but the introduction of some instrument, as a spoon; and such inspection should ever precede drastic purgatives, or even stimulating clysters. If such remedies have been used before a discovery of the real state of the case, care should be taken to prevent too violent catharsis. *Case.*—Nymphomania. A young lady, *at.* 15; hereditary taint; virtuously educated; manifested symptoms of insanity. Person and mental faculties of the highest order, fully developed at eleven years, when catamenia appeared. Violent and haughty; memory remarkably strong, but devotion to a great variety of studies had tried her mental powers too much, and deranged her general health. Menses became obstructed; great irregularity in circulation; extremities always of marvellous coldness, though season warm; at the same time heat of head unprecedented. Every means to equalize circulation. At length symptoms of nymphomania, unaccompanied by any indecency, and detected only by nurse. This not permanent, but intermittent. When preternatural heat of scalp and coldness of extremities, genital irritation ceased, and when head cool, irritation returned, as if by metastasis. Local abstraction of blood from head, and refrigeration of shaven scalp; or any application restoring warmth to the extremities, as pediluvia of mustard infusion, or strong walking exercise, always relieved the cerebral excitation, and removed the other distressing symptoms. As the equilibrium of the circulation was restored, general health improved, and catamenia returned. Local irritation then disappeared, and in about four months she quite recovered. Gratification never cured satyriasis or nymphomania.

Castration has been advised: thinks little of it, on account of its often failure in cases of self-emasculation. *Case*.—A French dragoon; insane from *coup de soleil*. Drank a pint of boiling water at a draught, and then retired quietly to bed. Remained two days without eating or drinking, and without complaint, though his mouth was much inflamed, and eschars had formed. Six days after, an abundant ptyalism, which was succeeded by a copious diarrhœa, and in three or four days recovered health and intellect. Astonishing muscular power of the insane is not to be mistaken for real strength, and hence a depletory practice is to be avoided. *Case*.—An insane military officer; constantly walking up and down at the asylum; never speaking voluntarily, and rubbing his hands continually. By the use of the rotary chair, some improvement effected. All the most efficacious remedies, such as vomiting, purging, salivation, tonics, the bath, gestation, &c., operate by inducing a new and increased action in the circulatory vessels, co-essential with febrile action, and in this way supersede the maniacal action. As reason dawns, often an intense anxiety to be restored to friends. A very important, but painful duty, is then imposed on the physician; for such solicitations are difficult to withstand, yet must be resisted till he is convinced that compliance is prudent.

Puerperal Insanity. *Case*.—Mrs. —, æt. 24, delivered 6th May, 1798, of her first child. On fifth night, little or no sleep. On sixth day, watchful and sullen; on seventh, visibly deranged. Called in: a gentle emetic, small doses of soluble tartar frequently repeated, keeping her perfectly quiet, and suffering no person but the nurse and one female servant to see her, she soon recovered, and I left, June 4th. Three children after this, at separate births, and no derangement. Succeeding 5th, lying in on beginning of September, 1804, when she had twins, again deranged. Called on tenth day. Using same means as formerly, soon materially better. On seventeenth day discontinued visits. Seven days after, sent for to her as dying. Found her perfectly senseless and comatose, with a thickness in her breathing, approaching to snorting; pulse hard, though small, and at rate of 102. Leeches, blisters, and evacuants, without success; and she died in forty-eight hours. An instance of puerperal mania terminating in apoplexy. In treating a recent case of puerperal insanity, many circumstances admonish us against a depletory or reducing treatment. In most instances which he had met with, depletory treatment had been pushed to an unreasonable extent; hence the great mortality. Whenever mental aberration, however slight been manifested, during pregnancy, every kind of stimulus should be avoided, the bowels should be kept soluble, and moderate venesection, especially towards the end of that period, be practised; and during parturition, the greatest precautions against irritation or alarm. *Case*.—A young woman, while single, had the menses often obstructed, and experienced attacks of furious mania. During her first pregnancy similarly affected. Repeated bleedings ineffectual, and derangement continued many months. Again became pregnant; but, from its commencement, both her cheeks were covered with a pimply eruption, till near her lying in; and she had not, during the whole period of this gestation, any symptom of insanity. Therefore, when developed during pregnancy, a fair experiment to produce an artificial eruption on the skin, or a derivative discharge. Generally in those cases where the delirium comes on after the secretion of milk is completed, and the lochia are flowing in due course, and both these secretions are

suspended, to restore them, offers the best chance of intellectual recovery. Wherever fully developed, first duty, to secure patient's safety, by placing her under the management of an attendant experienced in mental disorders. Free evacuation of the bowels the next necessary measure: delirium has ceased in a few hours, simply from purging off an immense quantity of unnatural faeces. Bowels should be regularly, but not violently purged, by a dose of calomel, and the common purging mixture of salts and infusion of senna. As long as alvine evacuations black, tenacious, and very offensive, purging is indicated, due regard being had to patient's strength. If purging weakens, glysters must be employed. If the delirium be of more determinate character, other measures. If vascular excitement and determination to the head, as commonly, with a preternatural heat of the scalp, redness of the eyes, pain or throbbing in the head (not always, however, complained of), and want of sleep: head should be immediately shaved, and blood abstracted by cupping, in preference, or by leeches, on the occiput, vertex, temples, or behind the ears, according to the part wherever the uneasiness is felt. Quantity drawn to be regulated by the natural constitution and habits of patient. Symptoms are commonly relieved by loss of blood, but are apt to recur; when, if not weakened, the cupping or leeching, and moderate purging, may be repeated, and, with the same caution, so often as there may be occasion. If heat and pain of head not removed by abstraction of blood, evaporating and refrigerating lotions to be applied over the shaven head. Pulse and muscular movements equally fallacious as indices of strength. The pulse rarely justifies bloodletting. Only admissible case, where the system is plethoric, and convulsion or apoplexy threatened. In those cases when the delirium is coincident with the fever attending the first secretion of milk, pulse is quick, and sometimes full: this is a temporary state, subsiding in a few days: bloodletting would only produce subsequent exhaustion and exasperation of the delirium. Nauseating doses of tartar. emetic, with the saline mixture and digitalis, will aid in reducing the fury and violence of the patient: should recollect, however, that from whim, obstinacy, and, very often, suspicion of poison, the patient will not take sufficient nourishment; and if so, evacuation must be more sparing; and nausea tends to diminish vital power, and also to encourage distaste for food and medicine. With the excitement and determination to head, lower extremities will frequently be very cold: here after cupping, &c., and cold applications being to head, may be placed in a warm slipper or hip bath; or the legs and feet only may be immersed in a foot bath filled with a warm infusion of mustard or horseradish. Both these baths tend to equalize the circulation and relieve the cerebral irritation. If secretion of milk be suddenly suspended, means to restore it. If delirium developed with the accession of the milk, the secretion must be encouraged by inducing the child to suck, or by drawing off the milk artificially; and even when the breasts have become empty, it will be useful to continue these means for some time, in order to determine the milk to its natural channel. Sometimes apathy towards child: putting it to the breast, if she will permit, often revives maternal feeling—a point of much importance. Renewal of the lochia, if suppressed, desirable. Here French apply leeches to vulva. Has seen good effects from cups to sacrum. May be promoted by a warm bath, or even a hip bath, or ordinary washing-tub. Warm fomentations over the pubes, or to the pudenda, or injecting gently stimulating glysters, serviceable. Opiates

and blisters favourite remedies generally. Repose important ; but without preliminary steps, when obtained from opiates, unrefreshing. Where determination or congestion of the cerebral vessels denoted, or there is great excitation, opiates will never have the desired effect, till these vessels are in some degree emptied, and the bowels well evacuated. Of course, all narcotics inadmissible, where any degree of coma : best soporific, after the above preliminaries, is the application of cold to the shaven head. Should the head feel quite cool, and there be no flushing of the face or throbbing of the arteries, or other indication of cerebral excitement, cold applications to cranium not called for. Should above measure fail in procuring sleep and repressing other bad symptoms, has frequently found great advantage from an opiate : dose should be large ; costiveness must be guarded against by combining with an aperient, or using a clyster. Calomel with solid opium, taken at bedtime, often answers well ; and has found Battley's liquor opii sedativus much superior to every other liquid form of opium. Head less affected, and confines bowels less. Extract. hyoseyami, gr. x.—xx., sometimes effective. Dr. Gooch recommends camphor with it, but has never seen benefit from it in the early stages, and whilst vascular excitement continued. Has little faith in blisters. Do harm when applied to head or contiguous parts during exacerbation. Only useful to thighs and legs. When coma, or torpidity of system, and particularly of the skin, or circulation in extremities is too languid, may be serviceable ; but when stimulating only, and not a discharge been indicated, has found more benefit from sinapisms to the feet. Caution that they be not kept too long on the feet : as soon as patient complains of pain, should be removed, and renewed at short intervals ; has known them otherwise to carry delirium to fury. Great care that nutriment be got down in the incipient stage, on account of the liability of a sudden exhaustion. When cerebral excitement has subsided, mild tonics advantageous ; and these, by degrees, to be changed for the cinchona, ferrum, and a more generous diet : air and exercise also essential. The shower bath will then be found very beneficial. In recent delivery, the patient cannot, under any circumstances, be safely removed from her home. So soon as this can be done, it should be, provided that the affections are alienated, and illusions exist with respect to home. The same principles apply to seclusions from relatives. Ignorant and boisterous persons should be removed from attendance on a patient, as they agitate and alarm.

Suicide.—When the mind is beginning to aberrate, very essential to prevent persons affected by moral causes or inclined to suicide, from reading newspapers, lest the disposition and the mode be suggested by something similar. Only in epidemic suicide, indignity threatened to corpse availing. Accompanying mania or melancholia, same remedies as in them : differing merely in preventing mischief to himself, instead of to others. Few have recommended particular remedies. Avenbrugger prescribes cold water as almost specific. A pint every hour ; and if continuing pensive and taciturn, forehead, temples, and eyes sprinkled with it until more gay and communicative ; feet being wrapped in warm flannel. Hufeland recommends it in mania ; this impracticable, and too inert if patients were willing. When symptoms of cerebral vascular excitement, same plan of shaving head, moderate cupping or leeches, refrigeration and purging, as when these symptoms present in pure insanity. Has seen more decided good effects from emetics, in incipient

cases, with propensity to suicide, than in any other variety of insanity; and where the biliary functions have been suddenly disturbed, and the excretions indicate a morbid action of the liver, calomel with or followed by some brisk cathartic, will sometimes at once remove the depression of spirits, and even mental aberration tending to suicide. Warm bathing daily, for an hour or more, with cold applications, or a slight *douche*, when signs of considerable cerebral excitation, are very useful. Narcotics, where little or no sleep, may be prescribed, with the precautions mentioned under puerperal insanity. Confidently pronounces, especially where from excessive grief, that timely abstraction of blood, either locally from the head, or generally from the system by a very moderate venesection, in a majority of incipient cases, not only relieves the urgent symptoms, but also suspends the propensity. *Case.*—A gentleman; very irascible and impetuous; had in a public meeting a rebuke which made him miserable. Instead of going to bed at night, roamed abroad, and at length found himself near a sheet of water, early in the morning; and the view of it urged him to suicide by drowning. Taken out insensible, and on returning animation became rather violent, eyes very wild, and ready to start from sockets; face became flushed, vessels of forehead excessively distended, and all the symptoms of genuine delirium came on; apostrophized me as Dr. Death, as if uniting two ideas. Regarding the violence to spring from reaction on account of the previous collapse, took sixteen ounces of blood by cupping, kept head cool, and cleansed bowels well out with an enema: soon became passive and disposed to sleep. Slept six hours, and awoke tolerably composed, but not quite coherent; took light nourishment, and at night awoke perfectly collected, but exceedingly low; next day well, but languid: an explanation was given him of the offensive part of the speech so affecting him, and he by degrees recovered his usual state of mind. From this case judges unfavourably of submersion to the suspension of animation, as recommended by some writers. Melancholy patients, it is said, have had delusions removed by some sudden and violent emotion being excited. Never had the temerity to try surprises or fright: and would recommend, before such were tried, that the absence of cerebral congestion should be evident, lest apoplexy close the scene. Accidents, however, have certainly occurred to persons about to commit suicide, which have prevented it, and reconciled them to life, as, for instance, one such was attacked by robbers. Change of scene is important, and its frequency most beneficial. Whenever the morbid thought is for a short time averted by a fresh object, this is the moment for appropriate reasoning on the wickedness of the design, or the fallacy of the delusion. Occupation according to the patient's taste, education, or business. To this to be led by gentle, almost imperceptible endeavours. If circumstances prevent a varied residence, a well-regulated asylum best. His peculiar delusion should never be treated with contempt or rudeness by the physician or attendant. Impulse sometimes intermits; this is the moment for consolation and reasoning. If too much susceptibility for direct reasoning, indirect observations, made in patient's presence, will often be effective. When once isolated, intercourse with relations subject to same rules as other cases of insanity. All means of self-destruction should be removed from the patient's room. Knives, forks, razors, scissors, pieces of glass, iron, or tin, garters, braces, sashes, neckcloths, have all been converted into implements of self-destruction, and should be taken away; the windows

should be secured, fire guarded, lines from windows and bed-ticking, fire-irons, and every possible instrument of self-injury be removed. No projection on which a cord could be fastened should present itself in the apartment. Even though an attendant sleep in the same room, the clothes of both should be locked up, and the key secured. Has known slips from sheets or blankets, and likewise handkerchiefs and cravats, made to form nooses for hanging or strangulation. When no other means offer, will attempt beating their brains out against a wall. Means so cunningly devised often, as impossible to detect them, and a volume might be filled with the stratagems and plans. Superintendent of St. Luke's Hospital states, from thirty years' experience, that it will not be attempted in the presence of others; has known several instances to the contrary; this is important, as a misguided confidence may ensue. A nice point when to put confidence in a suicidal patient; you may cause his death by trusting him too soon, and may cause him to relapse by a want of confidence when convalescent. In general, symptoms attending improvement of health or mind may be discovered by attention, which will guide our judgment how far we may enlarge his liberty, and how far we may confide in him. King George III. of England desired one day to shave himself. Dr. Willis feared that hesitation might awaken the idea of suspicion in the king's mind, and turn his attention to the subject of suicide, before unthought of. He promptly sent for the razors. While being brought, he engaged his attention with papers on the table: the king became so occupied with them, that his physician felt assured he entertained no design of the kind. After shaving, he returned them. The razors were not sent away immediately, lest he should think himself not trusted. Determination to starve generally succumbs to a few days' fasting, or perhaps the scent of savoury viands. *Case.*—From many mortifications, fell into a state of deep melancholy; resolved to die of famine, and for forty-five days took no nourishment except water and spirits of aniseed: no requests to break his resolution availed. At last, having by chance seen a child enter with a slice of bread and butter, it excited in him so violent an appetite, that he instantly asked for some soup; gave him every two hours some spoonfuls of rice bouillie, and, by degrees, more nourishing diet, and his health, though slowly, was re-established. When refusing to eat from some other delusion than a suicidal tendency, they are often either persuaded by kind entreaties, or induced by stratagem to do so. When not to be persuaded, tempting food should be placed within their reach, and left; if patient partakes of it, no notice should be taken of the fact, but the same course should daily be pursued. This plan should be tried with every lunatic refusing food. Frequently they delight in stealing it, and will take it in no other way. If so, it is requisite to indulge this caprice. Gay spectacles damp, by contrast, the spirits of the melancholic and suicidal, says Falret; and Burrows agrees to this. In truth, amusements or diversions, like religious consolation and instruction, must be selected to suit the various conditions of deranged intellect, or more harm than good may follow.

Senile Insanity.—Treatment must be generally purely palliative; but when not organic, proper treatment may much ameliorate the condition of the patient; or even, when powers of life not too exhausted, effect a restoration of the mental faculties. The only remedies here prescribable, are those removing any inordinate action in the system without reducing the strength, regulating the natural functions, and renovating them.

Hypochondriasis.—In the cure of hypochondriasis, is imperative to restore suppressed eruptions, &c. Topical bleeding from the head in all cases required where determination evident. Purging violently generally injurious, though the excretions are always dark and offensive. Costiveness being a general accompaniment, must be obviated by aloetics and warm aperients. Small doses of the blue pill, combined with aloes and light tonics, seem best adapted to restore the digestive functions. The warm bath, or a tepid shower bath and friction, very serviceable in equalizing the circulation, and restoring the functions of the skin. Emetics borne better than purges, and they commonly evacuate much saburra from the stomach, with evident relief. Exercise, occupation, and amusements, as far as can be borne without irritation, are powerful adjuvants in restoring health. *Case*—An accountant: 45; regular habits; very sedentary occupation; suffering most of the symptoms of genuine hypochondriasis. Every autumn had a pustular eruption on his neck, back, and arms, which he had missed the preceding autumn; and soon after mental disease appeared. By the daily application of blisters, the size of a shilling, along the course of the spine, keeping up a constant irritation and discharge; removing him from his occupations in the city to a purer air and more cheerful scenes, and regular attention to the chylipoetic functions, he soon amended, and in six weeks recovered. Following case contains an epitome of the practice which he has found very successful in hypochondriasis, if not of very long standing. *Case*.—A gentleman of fortune; æt. 50, of the melancholic temperament and hereditary predisposition; became very desponding, and, in consequence, unmanageable; a married man, with a numerous family. Father was an eccentric and violent man, but of great talents as a statesman. Patient naturally of an amiable disposition, a highly cultivated mind, and deeply learned in various languages; habit of literary men; yet fond of field sports. Had lately experienced much anxiety and vexation, causing great depression of spirits, and a gradual change had been observed in his disposition and habits; health, too, sensibly affected. At the commencement of symptoms, a sister, insane for many years, died; this seriously affected him, and impressed him with the opinion that his own mind was becoming deranged. Complained of great pain and throbbing in the head, beating of the temporal arteries, flushing of the face, and general confusion of ideas, with sleepless nights, and if he had a short slumber, terrific dreams. His digestive powers were exceedingly impaired, and he was troubled with great flatulence, borborygmi, &c. Was bled, and took some medicine, and went to a friend's house in the country. Here, one night, became rather violent, and evinced a positive delusion of mind; brought back to town, and Dr. B. was called in. Countenance betrayed great gloom, anxiety, and suspicion; complexion very sallow; tongue whitish, with a brown streak down the centre; pulse quick, small, hurried; bowels very constipated; nights sleepless; appetite moderate; skin cool. Every evening the throbbing of the head and flushing of the face returned, and he was then very irascible, and almost unmanageable. Often shed tears, and always with relief, and repeatedly sighed. Was dreadfully apprehensive he should die, and stated many diseases to which he thought himself disposed, and was willing to submit to any remedies recommended; his general timidity was indeed extreme. Expressed the warmest affection for his wife, and his fears of being separated from her. Spoke kindly of his children, but had no

wish to see them. Of his affairs generally, had a clear comprehension, but fancied himself in danger of arrest from debt. Without opposing impressions, endeavoured to inspire him with hopes of getting well. Told him he was not insane, but had experienced a paroxysm of delirious violence from temporary fever, and, as this might occur again, and lead to serious consequences, should place him under a respectable keeper, staying constantly with him: advised removal into another house with his wife, where he would be free from interruption by improper visitors. Retained his wife, because an accomplished lady, intelligent; and having still the best influence over her husband; his unbounded affection and confidence. None of his old servants, however, attended him. The pain, throbbing, and confusion, he thought much relieved by the application of eight leeches behind the ears. An emetic brought off an immense quantity of tough, viscid phlegm from his stomach, and a subsequent purge evacuated an abundance of black and very offensive feces. Pediluvium every night. Afterwards slept better than for many previous weeks. Blue pill with aloe every night, and a saline bitter draught twice a day, and adopted a course of regular exercise, light diet, and early hours. At home amused himself with any light reading, and such games as he could be persuaded to engage in. Three days afterwards, leeches again, and with the same relief. Afterwards renewed, with intervals of a few days, till all the symptoms of cerebral determination ceased. Result beneficial, but not immediately; for the day after he always complained of weakness, and on the second day invariably felt better. As he bore the emetic well, it was repeated twice or thrice, each time ejecting much viscid phlegm. The pulse returned to its natural standard, but was languid; the tongue cleaner. Light tonics only were now exhibited. Still every day had paroxysms of despondency, with tears, but were diminished in force, and his sleep was more refreshing. Some difficulty to induce exertion and sufficient exercise, as he fancied himself exceedingly weak, and an indisposition to reading or any amusement. By degrees became a little more animated. One day surprised him by a challenge to a game of chess, of which, when well, he was very fond. Consented, after some hesitation; commenced his usual play; made a false move, and was going to give up in despair. Purposely, however, avoided taking any advantage, which encouraged him, but had not patience to finish the game. Effort had the good effect of rousing him; and he walked some miles that day, ate a good dinner, read the newspaper to his wife for the first time, and continued till bedtime cheerful. From this, daily gained a little confidence, asked to see one or two particular friends, took exercise regularly, and engaged in some simple amusement every evening. Corporeal functions improved, and also his general appearance. Still occasionally a little fearful and desponding; and upon any unusual noise was suspicious of more being meant than met the eye. Leeches continued twice, and then once a week, for two months; and the tepid shower bath, and more powerful tonics, were prescribed. He then went to the seaside, and his keeper was removed. At Dr. B's. request gave up, or, at least, relaxed his studious habits, and devoted himself more to riding on horseback and field sports. Spirits variable until the spring, when he quite recovered. Although has since lost his wife, and experienced many other trying domestic circumstances, yet his hypochondriacal affection has never returned. Uninterrupted confidence of patient in his physician, one basis of success

in treatment. Hypochondriac details all his feelings and pains: physician must listen with great attention and apparent interest. Must never commit himself by fixing any limit to the disease, lest the prognostic fail; neither must he accord with patient's gloomy predictions. Should beware of giving a hypochondriac reason to think his mind is deranged, neither ridicule his predilection for adopting all sorts of remedies. Often advantageous to treat a fancied disease as if real; but care should be taken that patients suspect not this state of things. He ought never to be suffered to read his prescriptions: after gaining his confidence, a sensible physician, being acquainted with his weaknesses, will know how to meet and combat them. He will sometimes reason, sometimes console, sometimes exercise a little firmness, especially in enforcing his prescriptions; at others, to obtain consent, alarm him with the consequences of non-compliance. But he should always speak and act with caution, quietness, and self-possession. A little society with agreeable persons and those he loves is not only admissible, but desirable. Consolations of friendship also advantageous. When his real ailments no longer require medical superintendence, he should take short journeys amidst pleasing and varied scenery. All kinds of exercise are to be recommended, since they promote the circulation and reaction, and improve all the secretions. Riding on horseback and driving a carriage best. Has not found music advantageous.

Demency or Fatuity. Case.—Æt. 24; scrofulous habit; fair complexion, a very cheerful and lively disposition; suddenly attacked with pain in the head and slight fever; bowels having been previously much constipated, and menstruation irregular in quantity. The pupils of the eyes were contracted; there was great susceptibility of light, and the pulse was quick. Little other constitutional disorder. Cerebral symptoms did not yield to the means used, and in a few days slight delirium followed. Fever subsided in about a fortnight, and the pulse became slow and unequal. Pupils of eyes now became excessively dilated, fixed, and insensible to the rays even of the sun. A complete state of fatuity rapidly followed. Powers of sensation and volition suspended; insensible to the calls of nature; if solid food was put into her mouth, she did not masticate or retain it. All nutriment, therefore, in a liquid form; of which she would swallow a part from a spoon far in her mouth. Neither spoke nor walked except when led. After four months thus, suddenly amended. First symptom an instant return of sight; consciousness soon followed; and in full possession of all faculties fourteen days after return of sight. Eleven years since and no return. Must acknowledge, no perceptible effect from treatment. This was local abstraction of blood, by alternately cupping on the occiput and by leeches behind the ears, which were repeated six times, with intervals of eight or ten days; blisters to nape of neck, and afterwards a seton introduced and continued. Warm bath; purged briskly twice or thrice a week; mercury as an alterative for two months, gradually increasing the dose, and tincture of digitalis thrice daily, commencing with fifteen and ending with forty minims. At the same time abundant nourishment.

Case.—Miss ——— possessed youth, fortune, accomplishments, and a very amiable disposition; but from excessive indulgence and an ill-regulated education, had very little command over her feelings. Constitutionally one of the most nervous and sensitive of beings. Good health, but catamenia been scanty and irregular, and obstructed for some

months. No moral cause, except some little perplexity on one subject, about which worried for some days, and just before, a great fright, rendering her more than usually susceptible. Felt her spirits discomposed and unequal, with frequent fits of abstraction—a habit not unusual with her. In a few days some incoherency, and oftener absorbed in reverie. In two or three days slight symptoms of violence. A week after brought to town. Received me politely, and answered all questions readily; but immediately, in a childish and peevish tone, and in a rapid way, reiteratedly asked for a friend, dearer, she said, than all the world—as an infant for a favourite nurse; and when the lady came she fondled her in a childish manner. At other times absolutely abstracted, and when roused, would cry for her friend in a whining tone, although perhaps present, and when she made any request it was in the same tone, or in an impatient way. Had all the terrors, too, of a nursery child, fancying she saw ghosts and demons, and heard terrible noises, and at night would bury herself, if not prevented, under the bedclothes, as if to avoid them. Countenance neither maniacal nor melancholy, but very silly. Head very hot, and, when asked, complained of a great noise in it; face flushed, eyes red, tongue white, pulse quick, and slight pyrexia. Placed under a judicious nurse. Head shaved; twelve ounces of blood from scalp; an evaporating lotion constantly applied; a brisk purgative and saline draught, with ten minims of tincture of digitalis every six hours, and as her extremities were cold, pediluvium. Diet to be very simple. All the symptoms next day relieved; more sensible and composed, and had slept without expressing her usual alarms. Evident in a short time that the presence of her friend always excited her; therefore, denied her intercourse. For a few days, Miss — very importunate for her, but this wore off. Every two or three days the symptoms of a cerebral excitation returned, and were generally relieved by the means described. Evaporating lotions, and cold of any kind to head, always particularly agreeable to patient. Eight ounces of blood from head, repeated thrice in first fortnight, and continued with longer or shorter intervals, according to the urgency of the symptoms, till the external marks of cerebral irritation ceased. Purgatives repeated once or twice a week. In about six weeks many boils, but with no benefit to mind. Sleep now a good deal disturbed, and when so, mind crowded with all sorts of phantasies. Tried large doses of extract of henbane: at first produced sleep, but phantasies then continued while awake in the day: all narcotics therefore abandoned. After three months, great improvement; infinitely more rational; took interest in many things, and that without being roused to do so. Although had interdicted friends, yet permitted, as an experiment, the visit of a very sensible old friend. Much gratified, and bore an interview, several times, very well, but always more abstracted afterwards. In a few days relapsed, and worse than ever. Now expressed the same foolish and morbid affection for her maid, an old servant, as at first for her friend, and it then became necessary also to remove her. Alternately, completely unconscious of her wants, and everything around her, or would exhibit all the pettish waywardness of a child; yet, if medical attendants came in, it aroused and steadied her, and while we conversed, she would answer correctly, and ask questions, evincing an unimpaired memory; but if the conversation were discontinued, relapsed into thoughtfulness. Since the first attack, never exhibited violence or vindictive feeling, but submitted to every remedy, took

medicines with readiness, and was content with very little, and the plainest food. Totally indifferent to dress and appearance; indeed, if at liberty, would unwittingly strip off her clothes, and commit acts betraying total want of reflection. The same trivial punishments, as of a naughty child, as tying hands together with a riband, or slightly fastening her to a chair, or the gentlest scolding, always produced momentary attention and amendment. In about a month, paroxysm abated, and she more quickly than before arrived at the former point of convalescence. Now asked for her drawing and painting materials; could not, however, trace a figure or a flower, but amused herself by colouring little prints. Attempting to write, letters would be unconnected scrawls, and in books she only looked for the prints. Been now on one floor nearly five months, for every attempt to change her apartment, or even the sight of any passing object in the street, always revived the hallucination, and she fancied she saw friends long since dead, or something horrible. At length tried a thorough change of scene, and took her to ride in my carriage on a quiet road. Quite passive and abstracted, yet answered simply when asked a question; but expressed no gratification. Next time carried her into the Regent's Park, a new scene to her, but nothing arrested attention except when pointed out. Now came in drawing-room, but always felt alarm, and would not for a moment be left alone; and when evening came, sought her chamber as the securest place. At this period, could read fluently, but remembered little of it a few moments afterwards; and when she wrote a letter began properly, but presently betrayed her incapacity by repeating the same phrases, and leaving the sentences unfinished; yet, at this time, when roused, could converse quite sensibly. Cerebral excitation having apparently ceased, had been for some time taking tonics, and using the shower bath. By degrees gained a little more courage, and as I had quite obtained her confidence, I encouraged her to draw, write, and read travels; and set her little tasks. She made progress. At length made two requests, to have a piano, and to read a certain moral work. Latter allowed, former deferred, as music in the streets had agitated her and increased the abstraction: read many passages of the work to me, and understood it. Soon after, piano being given to her, played with correctness and without notes, pieces formerly practised; but, from it, became more and more abstracted. All her illusions returned, and unconsciousness, but without external signs of cerebral excitation. Ridiculous attachments, as formerly, but this state soon subsided. Seclusion in her room, quietude, a purgative every third day, and continuing the chalybeate, in a fortnight, nearly restored her; but perfect consciousness still wanting. Bore an interview with a near relation without any ill effect, and being roused, evinced the excellence of her memory and affectionate feelings by the kindest inquiries. Now removed to a house in the environs of town. Accompanied her, and she imagined she saw friends on the road, who were either dead or far away. Here took abundant exercise in a good garden, without observation from strangers, a circumstance which always excited her suspicion and apprehension. Walked sometimes in the garden with her for half an hour: on these occasions more confidence seemed attained, for she expressed great delight, and would converse with perfect sense and her usual freedom. By degrees thought herself secure when walking with her nurse only. An unknown young lady now came to stay with her, and manage the house; soon reconciled to her, but sight of old

friends always disturbed her. Here three months; still fits of abstraction frequently, when she neither recollected meals, nor any other natural wants; yet at times would read, draw, work, walk, and skip with a rope, or play at battledoor and shuttlecock, for the sake of exercise, or enter into any amusement with her companion and nurse. Every night, however, phantasms, and every passer-by appeared a spectre. Yet, when consulted on a necessary point with respect to her property, clearly comprehended and directed. Confessed a great dislike to present abode, as whenever she went up stairs her imagination was haunted. Another tried, and removal to it a source of great satisfaction. Several weeks before any material change in mind or body. Tonics, an occasional aloetic purge; the bath; exercise, and every species of amusement to rouse her, were persevered in. Up to this time forgetful of things immediately precedent. First symptoms of returning corporeal health a slight appearance of catamenia. At the next period, feelings denoted its return, but it failed. Ten ounces of blood from sacrum by cupping; at the next period occurred, and afterwards continued. Mind now sensibly improved. Interest in affairs; before indifferent, and resumed music with much pleasure and good effect. Letters perfectly correct, yet brief. But absent fits still intervened, though not, as before, unconsciousness. Now permitted services of maid, and bearing this well, of friend first mentioned. This proved a lasting gratification. Ventured on short airings in her own carriage. At first timid and confused, and sometimes imagination wandered a little, but she always became composed before the ride finished. Then allowed to see whom she pleased, and led to look forward to being freed from all restraints. Thus a year from access before convalescence. Remained where she was a few days longer by way of probation, and paid her occasional visits rather to watch any deviation than prescribe. Although recovered, some degree of mental weakness; and as a vivid sense of all the degrading circumstances of her illness was left, advised her not to go immediately among her friends; but where there was variety to divert and where she might occasionally see them. Continued the shower bath, and every species of exercise that could conduce to invigorate the system and strengthen the mind. In about six months, fortitude enough to return to native place, without unpleasant feelings. Have been thus long, because progress and event of a rare case, and treatment in similar cases illustrated. So decided is the effect of fever in suspending and often in curing demency, that could we as readily inoculate fever, and define the limit of its operation, as we do that of the variolous infection, it might be applied as a remedy in the treatment of this form of mental derangement. When idiopathic, last case a specimen of mode of treatment; each one being managed of course according to circumstances. If symptomatic, and complicated with mania and melancholia, should not be considered as hopeless. Except when clearest proofs of increased action in brain, as heat of head, flushing of face, and quicker action of cerebral vessels, all depletory and exhausting remedies must be avoided. Even in acute dementia, caution in their use. Unless above train of symptoms of excitation, tonics, the bath, and good diet rather than otherwise. Where consecutive to fever, hemorrhages, or evacuations, or any debilitating causes, all means to repair without too much stimulating, the sources of supply and nourishment. In chronic and senile dementia, vital energies must be adequately sustained; and should reside in a pure, warm, and dry air. Dr. John

Monro coincides with Mead in thinking, that the danger of relapse being always great, everything prescribed for the cure, as medicines, diet, exercise, &c., should, when it is effected, be continued at intervals for a considerable time after recovery. Burrows thinks this judicious, but that it will be very difficult to persuade the patient and his friends that it is so. Danger of a relapse or recurrence is announced by a train of nearly the same corporeal symptoms as before the first access, only perhaps in a less degree. If there be obtuse pain in the head, a sense of weight, confusion of ideas, disturbed sleep, with rushing of blood to the head, or throbbing of the cerebral vessels, and a great heat of the scalp, suspicion ought to awaken. Moderate bleeding, or cupping or leeches to the head: purging, vomiting, pediluvium, an issue or seton, or producing an artificial eruption on the skin by the tartarized antimonial ointment, prophylactic. If menses diminished, or obstructed, loss of a little blood particularly advisable. Cupping on the sacrum in such case relieves the uterine vessels. The French, as usual, recommend in a female leeches to the vulva, and in the male to the anus.

Gives from his son, Dr. George Burrows, an account of several asylums. In the Senavra of Milan, majority of the patients of the poorest class, chiefly inhabitants of the low and swampy grounds near Milan, who from marsh miasma and the very worst species of food become affected with the pelagra, which induces insanity. Pure air, wholesome lodging, and a good diet, recover, with little or no medical aid, a very large proportion. Larger airing grounds allotted to the convalescent and quiet; and the others, which are much smaller, to the noisy and furious. Noisy on ground floor, and convalescent and imbecile upon the upper floors. Each patient at all furious has a separate cell, with a window looking out into the gardens, and a door communicating with the corridor. Convalescent women generally spin; and men, independent of domestic work, labour, in fine weather, in a kitchen-garden, completely supplying the establishment with vegetables. A certain quantity of snuff allowed, and distributed occasionally as a favour. Bath of surprise given up, because fatal in two or three cases. Exercise in the airing grounds and labour in garden only employment. Hand-organ, which, in the fine evenings of summer, is taken to the airing grounds, and there some of the patients amuse themselves with it. Also swing occasionally. Dr. Antonini, physician to the Villa Antonini, says he has found swings of great utility as a diversion; a common swing and one revolving in a horizontal direction; latter had answered the purpose of the rotary chair, now interdicted by the medical commissioners. If patients have any fear of the water, let it in from the bottom. In one of the bath-rooms an apparatus for directing a steady and powerful stream of water upon any part of the patient's body, and the physician said he had found great benefit from it. In the hospital at Aversa, the bath of surprise in the floor of a moderate-sized room. Patient blindfolded and led across the room, when he unexpectedly falls into the bath, the sides of which are well guarded with cushions. Cold to the head while in hot bath, a common remedy. Numerous methods of amusement. A theatre, many musical instruments, billiard-table, &c. All not outrageous attend the church twice every day. At the hospital at Pirna, in Saxony, saw a very well-contrived tin machine, made to fit the hollow of the thigh, with straps, for those incapable of retaining their urine. There is a species of tread-mill, something like a revolving squirrel's cage, in which patients are compelled to take some

exercise. Evening winter-room extremely well fitted up with pianofortes, violins, flutes, three or four backgammon and draft-boards, and a very good book-case. Allowed to remain here until ten o'clock, and music and these games encouraged as much as possible. The proportion of recoveries exhibited in his work, and in Minutes of Evidence before a Select Committee of the House of Peers in the present Session of Parliament, testify beyond doubt, that wherever curative means and judicious management are employed, ratio of cures will correspond and increase. Not only this, but the number relapsing is considerably lessened; for the cure from medical treatment is always more permanent than that from nature. Remedies must vary with the constitution and peculiar features of each case; consequently no fixed rules of treatment. Practice of the ancients generally judicious, and feels more indebted to them than the moderns for what success may have attended his efforts. Inductive evidence, aided by experience and reflection, and exemption from preconceived theories, form the basis of his views and practice. Moral discipline is requisite, throughout insanity: medicine is so no longer than the hope of a cure is entertained. When consulted in a case, our first duty to ascertain, as clearly as we can, the causes, moral or physical, nature, duration, peculiarities of patient's constitution, circumstances, &c. Should attentively consider character of delirium, whether idiopathic, from cerebral or meningeal inflammation; symptomatic, and simply indicative of mental derangement; or sympathetic from a remote organ or texture. If history unsatisfactory, and no symptom threaten serious consequences, always better to wait three or four days, keeping the patient separate and quiet, and having regard only to the due performance of the natural functions. By this simple precaution, a furious, vociferous patient, in an apparent state of high excitation, often becomes calm and compliant. By the contrary, prescribing remedies on first view, which his condition appears to demand, proved wrong by subsequent observation, much injury is perhaps inflicted; thus a case is rendered intractable, and of long duration, which might have otherwise speedily recovered. Cælius Aurelianus and Paulus Ægineta teach that the mode of cure in both mania and melancholia is nearly the same, except that depletion in the latter must be more moderate, and that local remedies, as well as moral treatment, must suit the modifications which present themselves. Satyriasis and nymphomania, if sympathetic, should be treated as in the case referred to (p. 209). If from local irritation of the genitals from extraneous causes, as leucorrhœa, prurigo, pediculi, &c., treatment obvious; if from determination to those parts, leeches and cooling applications to them, bloodletting if the habit be plethoric, saline purgatives, and abstemious diet. As functions of vascular and nervous system, in all cases of insanity, are disturbed, should endeavour to diminish the action of either system which may preponderate, so as to restore the lost balance. When the cause is evidently in a structural or functional lesion of some remote organ, affecting the brain by sympathy, it is obvious that attention must be first directed to the organ so affected. History of case will inform us of the constitution, idiosyncrasies, &c. Reflection will teach us, that the aged and the young, the vigorous and debilitated, a recent and long-standing malady, cannot be treated on the same principle. In the incipient stages of mania and melancholia, the medical treatment can differ but little. This a period for prompt measures, and in the active or confirmed stage, while a chance of cure offers,

these measures should not be relaxed, though they must be adapted to suit the various modifications during disease's progress. The declining or convalescent stage, though requiring great experience and tact, belongs more strictly to moral treatment. In the incipient stage, the great vascular excitation and cerebral irritation must be met by repeated topical abstractions of blood from the head or contiguous to it, shaving the head and refrigeration so long as preternatural heat of scalp. cautious general bloodletting even in the plethoric and robust, very moderate in the delicate though young, purging, vomiting after the vessels of the head are unloaded and the bowels evacuated, nauseating doses of tartar emetic to moderate the circulation and excessive violence, digitalis in gradually augmenting doses, till the pulse intimates reducing the dose, saline draughts, and moderate diet. When the incipient symptoms of excitement recur, must be treated as in the first instance, except that neither depletion by local or general bleeding, nor by any evacuants, should be so active or copious. System will not in this stage bear them so well; on the contrary, light tonics and the shower bath of great use, even when moderate topical bleeding and purging indicated; and when exacerbation of paroxysm ceases, more powerful tonics, as chalybeates, cinchona, cold bathing, and a better diet. In melancholia, also antinervines useful adjuvants. In the *convalescent* stage, if symptoms still of cerebral congestion, gastric irritation or uneasiness, or intestinal irregularities, should be attended to until removed. Formulas and doses of remedies vary according to the constitution and peculiarities of the patient, and symptoms of the case. In some hereditary cases, no symptoms of corporeal disorder, and no alteration in the external appearance, except, perhaps, a little more vivacity in the look, and a slight peculiarity in the eyes. Moral rather than medical remedies appear here to be indicated. Nevertheless, remedies which diminish inordinate cerebral action, provided they be not violent, will be found useful, and will often prevent a positive paroxysm of mania.

1. *Abstractions of Blood.* Copious abstractions of blood almost universally adopted in cases of insanity, with symptoms of violence, and sometimes where patient is tranquil. The practice has received the sanction of ancient authority, and at present very universal. Many eminent characters among the moderns have doubted its efficacy; his experience, that, except in a very restricted sense, it is fraught generally with mischievous effects. Tried depletion, by bloodletting, for several years; but discovering his error, more cautious now; has scarcely ordered venesection in six cases of simple mania or melancholia in as many years. Since changing his practice, more have recovered, and the cases have been less tedious and intractable. In the young, or the gross and plethoric, the determination to the brain in mania may be so strong as to threaten sanguineous apoplexy. In this case, prompt and copious general depletion may save the patient's life. If copious abstraction urgently impelled in mania and melancholia, most prudent to effect it with the greatest celerity. Condemns, with the moderns, and Celsus Aurelianus, the old practice, of abstracting blood from the head, by puncturing the frontal, nasal, or orbicular veins, or *venæ raninæ* under the tongue. Latter mode knew to relieve engorgement, in a case where those veins were so distended as to hinder the flexible movements of the tongue, and protrude the point of it between the teeth. Condemns, also, that from feet and ankles, as inferior to more direct means. Arteriotomy

often the readiest and best course ; and to divide either branch of the external carotid passing before or behind the ear, more advantageous than dividing that of the temple. If syncope desired, one large, or even two, orifices, or bleeding from both arms at once, been advised, as taking least blood and *vis vitæ*. Only where a real state of plethora exists, or apoplexy is pending, that general bloodletting can be justified. Cerebral irritation, and perhaps the maniacal action from congestion of the brain, produced by simple determination of blood, not relieved by venesection. Inadmissible in the cachectic state. Venesection cannot be justified in any case of pure insanity ; whether upon the principle of febrile or inflammatory action accompanying it, or of local determination. Writers who believe in febrile and inflammatory action in the early stages both of mania and melancholia, do not all advise general bloodletting, or that it must be with great caution ; others object both to general and topical bleeding, although admitting febrile action ; and others, again, consider it, in the strong and plethoric, highly beneficial, without reference to the existence of either fever or inflammation. Regrets the sweeping condemnation both of the lancet and cupping by Dr. F. Willis ; because one may possibly be required, and the other, or leeching, seldom to be dispensed with in any recent case. As to obtaining by it quiescence and reduction of violence, as much opposed to the idea as any one. Should always first inquire whether quiescence cannot be obtained by any other means ; and next, whether consequences may not follow depletion, not to be compensated by present advantages. Agrees with Ferriar and others as to the sudden giving way of the strength on general bleeding. Bloodletting should not, therefore, be decided on, except upon a most mature consideration of the constitution, and all the symptoms of the case. Bloodletting inadmissible in long-standing insanity, except a *temporary* attack has come on, with symptoms of active cerebral excitement. Does not allude to those periodical or intermitting paroxysms sometimes attending ; for these, bloodletting is certainly not indicated ; nor in chronic demency or fatuity ; nor in any form of insanity from some extenuating disease. Rarely permanent ill effects, relative to diminution of vital energy, from leeches or cupping. From primary symptoms, both of mania and melancholia, may be inferred, that although venesection is not indicated, yet, that topical or local bleeding may be very useful. In every recent case he has seen, local abstraction from the head itself, or contiguous, as the nape of the neck, or between the shoulders, has been indicated. Mode been cupping or leeches. Cupping on the occiput preferable. Celsus says this lessens the malady, and brings on sleep. Leeches a substitute, when too great a terror of cupping, or a prejudice. Neither weaken like general bleeding, and therefore preferable. Shaving the scalp should generally be premised in all recent attacks. Head kept cool thus, and facility made for applying cupping-glasses or leeches. If pain or throbbing in a precise spot, much relief often from the glasses or leeches. If no particular part, he orders them behind the ears, or across the occiput, and sometimes on the temples. Quantity of blood regulated by circumstances of case : one may require sixteen or twenty ounces ; another only ten, eight, six, or even a smaller quantity. Hallaran says, that the superficial heat is reduced by placing leeches behind each ear, on a limited space, and afterwards by cupping-glasses over the orifices. Where more blood than the leeches take is wanted in *any case*, this is a good mode. An excellent rule, that as many glasses or leeches should

be applied at once, if possible, as are capable of abstracting as much blood as may be desired : effect more certain, and operation curtailed in length, an object of importance with impetuous and unruly patients. Diversity of opinion as to propriety of repetition, &c. : holds dangerous the practice of repeating, through exacerbation and remission, even into the continuous form. His practice to repeat cupping or leeches so long as symptoms of great cerebral excitation, especially whilst a preternatural heat of scalp ; but when they remit, to desist from drawing away blood, and repeat it only with the renewal of these symptoms. If premonitory symptoms announce an attack, local depletion will often prevent it. Mere raving and fury not from cerebral excitation, consequent on vascular excitement, and would inevitably be exasperated by depletion. The degree of mental anguish and disturbance impelling suicide, finds relief in the sudden loss of blood. In cases of nymphomania, all characteristic symptoms been removed by leeches to vulva. In like manner, improvement of the mental faculties, dependant on menstrual obstruction, follows cupping on the sacrum. Cases occur, where topical bloodletting has been required to relieve local congestion, and, at the same time, stimulants to support the general tone of the system. Has no hesitation in continuing abstractions by cupping or leeches, so often as symptoms denote fresh excitation. Advisable to pursue this plan, even when tonics are indicated to support the patient's strength ; for local determination as frequent in the weak as the strong ; of course quantity taken smaller. Should faintness or marks of exhaustion come on during the abstraction, the patient must be supported by good broths or a little wine. The melancholic, though having less vital force than the maniacal, whether despondent or excited, may require topical bleeding ; and as symptoms in this form of insanity persevere longer without remission, moderate local depletion may be repeated for a greater length of time than in an attack of mania. The ancients advised it in this form : Willis says that it finds a place in all cases, and sometimes is to be often repeated. Practice on the Continent of leeches to anus, as a general principle, should be declined. But where disease from sympathy, with some abdominal viscus morbidly affected, the loss of blood from that part may do good ; and more especially, if accustomed to hemorrhoidal flux, and that has been suppressed.

2. Dry Cupping. Useful where determination and congestion of brain, and debility too great for bloodletting. Have seen such cases ; and found sensible advantage from the repeated application of several glasses to the head, without scarification or loss of any blood. Friction on the perianium after dry cupping, and pediluvium, greatly tend to determine blood from the head to the general circulation.

3. Refrigeration. Its utility where preternatural heat of head, confessed in all cases of cerebral disorder. Shaving the head, not only a necessary preliminary, but deserves regard and adoption, as itself refrigerating. Celsus sometimes advised clipping off the hair, sometimes shaving the head. Clipping the hair close does not suffice ; for, besides that it does not produce the soothing effect of denuding, the process of evaporation, which abstracts caloric, never goes on so rapidly as when a naked surface presents itself, nor is effect on sensorium so effective. Abstraction of heat much more rapid and complete by evaporation than by cold applications, as ice, or any of the frigorific mixtures. Head, when divested of hair, should be kept so as long as symptoms of active

cerebral excitation, and local applications to the surface are deemed necessary. When such symptoms subside, and the brain may be suspected to be in a state of collapse, refrigeration must cease, and the hair may be suffered to grow. As a general rule, recommends that the heads of all insane persons should be kept cool. For this reason, permitting them to have their heads covered when indoors, is injurious. Observed this in several asylums. Will produce in many cerebral excitement and sleepless nights, and consequent irritation to all the patients. If having a determination to the head, should lie with their heads cool, and also raised. A substance like feathers invites the blood. Cold to the scalp, in cases with great cerebral excitement, though agreeable, yet its effects neither so complete nor permanent as when topical bleeding and purging have preceded. Intense cold to the head, in a chronic state, when patient is noisy and violent, never induces quiescence and sleep. On the contrary, it is irritating. Dr. Busser, of Wohlauf, relates the case of a lady, attacked with mania on the seventh day after delivery, and who was cured by ice in a bladder to the shaven head, for six or eight minutes, several times a day. But in a man, six months in a state of mania, tried twice a day for half an hour, for eight days, produced loss of sleep, previously obtained by belladonna. Agrees with Dr. Newbark, that in cases of turgescence of cerebral vessels, and at the commencement of attack only, that benefit follows the application of ice, and use of antiphlogistic means. Cold applications should not be continued longer than the preternatural heat of the scalp lasts. Georget says, that cold applications ought not to be employed during the period of excitation: differs totally with him, provided the previous evacuations. Means immaterial: evaporation produces the most intense cold. Æther dropped on the shaven crown, and alcohol diluted, used by some; former, however, troublesome and very expensive; latter answers extremely well. Liquid should be unpalatable, to prevent attendants drinking it. Prescribes a lotion of one fourth alcohol and three fourths camphorated mixture; or spirits, vinegar, and water, of equal parts; or with liquor ammoniæ acetatis, instead of vinegar. But refrigerating mixtures of the London Dispensatory, also, are useful. A napkin, folded several times, and put over and around the head, well saturated with any of these lotions, and wetted again as often as dry, best way of keeping head cool. Ice pounded and applied in a bladder good; or even a clay cap, often renewed, where expense is an object, is not a bad substitute. The surface may be kept cool, also, by sponging the head with a tepid mixture of vinegar and water. Knows nothing, by experience, of the douche. Cold douche represented to act sometimes as a sedative, sometimes as a tonic. But seems declining in reputation, as often injurious. Even in France now much reprobated. Now used only with the greatest caution; and more as a means of repression and moral agent in furious cases, than with an expectation of sleep or tone. Death followed its abuse, in one case, at Charenton; and other serious accidents have happened. Disorganization of the brain and incurability have followed submitting patients to the operation for an hour together, as formerly practised. Still, when used with judgment, a remedy of importance.

4. Gyration and Swinging. Each of three preceding remedies, by diminishing cerebral excitation, induces sleep in recent insanity, and hence greatly contributes to the cure of the malady. Any remedy inviting sleep acts more beneficially than narcotics, though producing that

effect. One of the means recommended by Celsus and Aurelianus, in mania, is motion in a suspended bed or moveable seat, or by swinging. Darwin advised gyration. Effect of sea-sickness on stomach and circulation analogous to rotary machine, and in olden times been prescribed in insanity. Darwin constructed a rotary machine, for obtaining two objects: first, quieting violent action of the heart and arteries, by gently compressing the brain, by having the patient's head distant from the centre of motion; and, secondly, forcing the blood from the brain into the other circulating vessels, by reversing the position of the patient, and placing his head next the centre of motion. Dr. Cox first introduced it in treatment of insanity; prescribed the oscillatory as well as the circulating movement. He and Dr. Hallaran speak well of it; the latter adopting it in the Cork Asylum. If stomach only acted on, a purge should be afterwards given. Erect machine best form for evacuations, and horizontal circular bed for sleep. Clear evacuation of the bowels should precede either; nor should they be used at the commencement of the disease, until the violence of the paroxysm has subsided; nor in young plethoric persons, nor where a positive determination of blood to head. Motions should be *gradually* carried to the degree of velocity desired. In the intermitting form, gyration been found of particular benefit in checking the approaching paroxysm. If great prostration from it, most advantageous. If we seek sleep, a slow and long-continued action to be kept up, if possible, without affecting the stomach to vomiting. Like all other remedies, acknowledged sometimes to fail. Either vertically or horizontally, strongly advised, as a moral as well as a medical agent in chronic cases, for where no expectation of cure, a few trials have produced a wonderful improvement in manners and behaviour. Where violence been so great as to compel a rigid confinement, patient has become tractable, and even kind and gentle, from its operation. The morbid association of ideas has been interrupted, and even the monomaniac's delusion dissipated. In abstracted cases, Dr. Hallaran says he never saw any one instance of complete recovery from it, when disease had assumed the chronic and uninterrupted form. Now met with in most British public asylums; but its results very differently reported;—some speaking most favourably of it, some dubiously; and with others it has fallen into disuse. Thinks these contradictions owing to want of selection in cases, and attention to rules of prescribing. Professor Horn, of La Charite, at Berlin, coincides with Cox and others: a fatal accident occurred from it to one of his patients. The government of Milan have suppressed it in the Senavra, from several fatal accidents attending it. Professes no personal experience; but from analogy and pathology, believes it an efficacious remedy, and that no asylum should be without a complete apparatus of both kinds. Unquestionably a formidable remedy, and on no account should be tried, but under the superintendence of a competent judge.

5. There is commonly by far too great a solicitude to procure *sleep*. If the means used to obtain it be not indicated by the physical state of the patient, mischief follows its exhibition. But whatever diminishes the too great excitement and activity of the intellectual organ, will induce composure and sleep as a consequence; hence abstraction of blood from the cerebral vessels, refrigeration and gyration, which promote the equalization of the circulation, produce that effect; and from these means, it is comparatively a calm and desirable slumber, from which much good

is usually derived. Even if sleep do not follow, previous cupping and intestinal evacuations prepare the system for the safe and beneficial exhibition of a narcotic; which would, without these evacuations, have probably had the opposite effect to composing. A hearty meal for supper has been found to produce refreshing rest in maniacs where every other means has failed. This kind of sleep, however, in those of a full habit, rather compresses the brain and confuses the intellect, than invigorates the mind. Tuke and other observers have noticed, that noisy maniacs, who scarcely ever sleep, by a change from a low to a fuller diet, especially after a full meal before going to bed, and with the addition of a moderate quantity of porter, or even with porter alone, have slept soundly, and ultimately recovered. From this testimony, must not conclude this to be a practice of universal application. The patients must be selected from a thorough knowledge of their cases. In the excited state of mania, Dr. Clutterbuck advises that the head should lie low in bed, to procure sleep: disagrees with him. Dr. Hallaran says that it is better to encourage the erect position, than to suffer them to lie flat. Dr. B. generally orders all maniacal patients to lie with their heads raised, on a hard pillow, or, what is better, on a hard bolster, of considerable circumference, and as wide as the bed itself, as they are apt to slip their heads aside, or even hang them over the side of the bedstead. Asclepiades advised friction of the whole body of phrenitics to induce sleep. The gentlest friction or inunction of the head was recommended by all the ancients in other mental affections; and also the sound of dropping water and murmuring streams to lull the patient to rest. Swinging is, by all, considered very conducive to sleep. All these innocent means should be tried, where sleep is desirable, before taking narcotics.

6. Narcotics. More diversity of opinion as to narcotics than any other remedy except bloodletting. Valsalva and Morgagni condemned them as injurious. Regimen, labour, and exercise, some say, are the only remedies for sleeplessness. Many proscribe them altogether; others recommend them in small, and others, again, in astounding doses. Effects variously described. All narcotics increase cerebral irritation, or a kind of sanguineous congestion of the brain, and thus force sleep. In very strong doses, produce vomiting, convulsions, and death. Maniacs will generally bear large quantities of opium and other sedatives, better than they will support remedies which weaken the vital powers. But opium, when the excitation is great in a full and strong habit, aggravates; when moderated by previous depletion, or the habit reduced by long-continued mania, stimulants, like opium, wine, porter, &c., tranquillize and prove soporific. If, therefore, an opiate be given in the early stage of an attack of mania, it may force sleep; but it will certainly excite and aggravate all the symptoms. In fact, the system must be emptied, and somewhat lowered, before opiates should be administered. In the advanced stage of the disease, when the vascular excitement is moderated by the antiphlogistic plan, an adequate opiate will often at once remove the delirium; so of sudden delirium from biliary derangements, sudden moral affections, &c. In mania from hepatic derangement, copious evacuation by the bowels ought to precede the opiate. In sudden maniacal delirium, calomel with opium. Cælius Aurelianus used the precaution, not to administer an opiate when the system was full. Ætius says, that after evacuation, sleep may be procured in any way; but if watchfulness succeed bleeding, it is the more aggravated, and if cold water, &c., be then ap-

plied to the head, sleep will succeed. Burserius says, that opium is only efficacious in mania after necessary evacuations, and the patient's strength is reduced. Instances of mania ferox, where a large dose of opium, without previous evacuations, produced fatal apoplexy. Think if these hints are properly regarded, will be more uniformity of effect from anodynes. Weak opiates, through the medium of the stomach, decidedly mischievous in mania. Good only from a large dose, and repeating smaller till the end be attained. To fix maximum dose impossible. Constitution of patient and symptoms of disorder must regulate the quantity. Van Swieten has seen fifteen grains given at once to a maniac. Dr. Brandreth says Dr. Currie adopted a like practice, and that he himself gave four hundred drops of laudanum to a maniac in greatest possible furor; and in a few hours he became calm and rational. I have never ventured beyond five grains of purified opium as the first dose. In cases admitting an anodyne, I generally begin with three grains, and repeat one every two or three hours. Have never in this way exceeded twelve grains; and if sleep has not then followed, have desisted. Burserius recommended the preparation of opium, of Bouquet. The well-known black drop is said to affect the head less than laudanum; but I have found no reason for preferring it in insanity. Have found no particular effects from morphine. Have, from numerous trials, found Battley's liquor opii sedativus to affect the head less, and constipate less than opium: opium, though in small quantities, taken by the stomach injurious, yet even in this form by the rectum, soothes and induces sleep.

Hyoscyamus niger ranks next to opium. Useful, however, chiefly in those cases of nervous irritation accompanying great despondency, where it is necessary to obtain a state of quietude on which sleep may be expected to supervene. As to sleep, therefore, indirect rather than direct. Advantage over opium in neither stupifying nor constipating. To obtain a decided soporific effect, extract must be given at bedtime, from fifteen to thirty grains, or ten or fifteen grains every six hours. If as a calmant merely, four or five grains at a dose; and being bulky, better to dissolve it in some liquid than make it into pills. Hufeland and others say it acts by reducing the activity of the arterial system, and is a mediator for the introduction of remedies tending to allay nervous irritation and reaction. Therefore, an excellent remedy in cases denominated nervous irritability and morbid sensibility: given here with camphor. Frequently deteriorated. Has tried in mania and in melancholia, the extracts of stramonium, aconitum, and belladonna, as soporifics. One grain of the former in furious mania has procured several hours' sleep, when other narcotics, in considerable doses, have not succeeded; but the patients, in all the cases, were infinitely more violent when they awoke. Nearly the same may be said of the two latter narcotics. Same rule obtains in the exhibition of all narcotics; they are not admissible during great vascular action or congestion of the brain, or a constipated state of the bowels.

7. Blistering the head or nape of neck, another very favourite remedy in insanity. Rebukes the indiscriminate nature of their employment, &c.; has frequently had occasion, upon visiting a patient, to order the removal of a blister from the head or shoulders, and in a few minutes have seen his fury abate, or cease altogether. Can never be serviceable in mania any more than opium, where cerebral vascular excitement or congestion exists, till local or general depletion has preceded. Where

admissible at all, it is in the more advanced stage of insanity, where vascular excitement is diminished and the nervous system requires stimulating. Vesication more beneficial in melancholia than in mania, because vital powers more torpid. But not a general rule, as melancholia often shows signs of violence and cerebral vascular action or congestion. When these symptoms, however, abate, blistering between the shoulders sometimes useful. As derivatives, blisters do more good when applied to the thighs and legs; and then if the discharge be not kept up, they should be frequently removed. In some cases, have thought the benefit consisted in forcing the patient's attention to himself, rather than any other effect: the association of morbid ideas in melancholia, or the fixed delusion in monomania, may be thus broken and dispersed. Vesication dangerous, by patients eating blisters, or their being removed to some other part from where placed; when constitution been much reduced, has known from them troublesome sores, and even mortification. Mead, John Monro, Haslam, Hallaran, and the most experienced practitioners, attach little faith to blisters. As derivatives or counter-irritants, warm stimulating cataplasmata on the soles of the feet, or to the legs, till the impatience of pain is expressed, are more efficacious. Still preferable to excite vesication, where indicated in mania, by a plaster composed of tartarized antimony and the common wax plaster. It soon occasions considerable heat, and a crop of pustules, from which a discharge may be kept up or checked at will. This might judiciously supersede cantharides in mania; since it produces all their good, and none of their bad effects.

8. Setons and Issues. Inserted on the occiput, nape of the neck, &c., have been prescribed as derivants, to diminish cerebral irritation. Has rarely met with a case where he was quite satisfied that convalescence was the result of either of these applications: or at least other remedies had an equal or greater share in the result. In two or three cases, however, where malady had continued for some months, and there was still evident cerebral commotion, with throbbing in the head, has certainly found these symptoms gradually decline after a discharge in this way has been established. Thinks that cases cured have been owing to retrocession, suppression, &c.; drains in such cases decidedly useful. Whenever such causes suspected, a seton or issue should be introduced as near the head as is convenient.

9. Artificial Eruptions. Derivation may also be accomplished by producing a crop of pustules. Tartarized antimony best means: by rubbing it into the skin, a local irritation succeeds, and pustules are raised which contain, and discharge most copiously, well-formed pus. Friction of an unguent with this preparation on the shaven scalp, or neck, or between the shoulders, or on the inside of the fore-arms, till distinct pustules are produced, has been highly recommended. When gastric affections have preceded the alienation, pustules raised thus on the epigastric region have, it is said, removed the mental affection. Success of this treatment been variously reported before Dr. Jenner forcibly recommended it in 1822. Of eighteen cases, five were insanity, and three of hypochondriasis nearly approaching to it. Two or three recovered in a few days; and he mentions no case where it was tried that it did not succeed in curing. This is his formula—*R. Antim. Tart. (subtil. pulv.), 3ij.; Ung. Cetacei, 3ix.; Sacchari albi, 3i.; Hydr. Sulph. Rub., gr. v. M. Fiat unguentum.* Where a prompt effect required, advises the

quantity of the tartarized antimony to be increased. To be rubbed into the inside of the arms night and morning, for several weeks. Dr. Burrows has been far less successful with this remedy than Jenner. When insanity has been connected with much gastric pain or irritation, and when retrocessent eruptions have been the cause, has seen the symptoms ameliorated, but never saw the mental disorder recede so rapidly as he has described. Not different effects with him even, dropping two last ingredients of ointment, and substituting five grains of carbonate of ammonia. Has frequently had the ointment rubbed on the shaven scalp, where he wished to stimulate and has been afraid of cantharides.

Case.—A young gentleman; had lived intemperately and been troubled with dyspepsia; was attacked by furious mania. Been very largely depleted by bloodletting, &c., before I saw him. In a very weakened state, inclining to fatuity. Pulse very small and appetite bad. Plenty of nourishment and tonics, and a little wine. In a few days an appearance of mortification of the extremities. Cinchona, opium, and wine administered. A warm plaster, with tartarized antimony intermixed, applied over the shaven scalp. Complained in a day or two of great itching of the head; but plaster not removed. Got well very soon, and without extremities sloughing. But whether general treatment or plaster most effectual, will not determine. When counter-irritation desired, has frequently recourse to this remedy; for it has none of the objections to vesication by cantharides, and yields all the good from them. Owns, however, that there are few cases in which he should venture to rub it in for weeks together, as recommended by Dr. Jenner, for it sometimes occasions very deep sloughs, which are not lightly to be treated in cases of insanity.

10. Bathing. Good effect of the bath in the treatment of insanity been fully appreciated in all ages. But mode of application and degree of temperature, equally been matter of discussion; some recommending it to be hot, others tepid or cold. Celsus advised beginning with hot, then tepid, and lastly to pour cold water over the head and whole body for some time, and then to dry it and anoint. And says expressly, that it is very beneficial for one who has a weak head to hold it where a strong stream of water may fall on it. Hence we trace the douche to be of great antiquity. Cælius Aurelianus ordered warm fomentations to the eyelids, and injecting warm infusions through the ears; with false views. Immersion in a bath at 90° F. considered generally as the most useful. Time of continuance must be regulated by the constitution. Commonly, half an hour the extent, keeping up carefully the temperature of the bath. But when the patient is spare, highly nervous, and irritable, he may be kept so immersed for many hours. If any disposition to determination of blood, refrigerating the head while in the bath is not only a safe, but beneficial practice. According to Poggius, the Florentine, in his time the insane were placed in baths to the knees, waist, or higher, as the state of the disease required. Pomme treated maniacal patients by employing the warm bath for eight hours every day, and by applying cloths constantly wet with cold water to the head during the whole time. He even kept them in the bath twenty-four hours. Pinel more generally introduced Pomme's plan; but he ordered that the cold water should descend on the head in a column, varying in height according to effect wished; sometimes limiting it to a mere sprinkling (*douche en arrosoir*) on the cranium. Intention to drive circulation towards

the surface, and diminish, by refrigeration, the energy of the brain. The *douche* was carried to excess in the French hospitals, for it was used almost indiscriminately. Much more circumspection now. From Esquirol's opinion hazardous, but in judicious hands may prove very efficacious. As of gyration, so of the *douche*, much is said in favour of it as a means of repression, of calming violence, breaking dangerous associations of ideas, and conquering obedience. The cold bath has had, perhaps, more advocates than the warm. Two modes were principally followed: first, simple immersion, by plunging voluntarily and openly; and second, by surprise. Whenever a tonic plan becomes requisite, can be no doubt that cold bathing in the ordinary way, by plunging, is efficacious. Mode at the Senavra Hospital, at Milan, of placing timid patients first in the bath, and then letting in the water by degrees through holes in the bottom, changes entirely the expected reaction into collapse. Van Helmont regarded the bath of surprise as the best means of curing insanity; and Baglivi, Boerhaave, &c., adopted this opinion. Latter goes farther to recommend submersion till animation had almost ceased. Bath of surprise, reported in some instances, which can credit, to have produced recovery. No personal experience; but thinks mania so nearly allied to apoplexy, that experiment must be dangerous. A just apprehension of this remedy now predominates, and therefore it is little used in those lunatic establishments where heretofore it was often resorted to. In some foreign hospitals has been wholly interdicted by the government. Provided the necessary precaution of evacuation in the plethoric, or those with a manifest determination of blood to the head, either warm or cold bathing may prove equally beneficial. In using the warm bath, conjoint application of cold to head may prevent the ill effects of determination, even when evacuation had not been premised; but the safer practice in such cases is, to prepare for its use by local bleeding and proper alvine evacuations. Ferriar advises the warm bath for mania, and the cold for melancholia. Half an hour in the former, he says, will make a man who required six to put him into the bath, so passive, that one may take him out. Generally, however, the reverse obtains; and author has found more good in melancholia from the warm than the cold bath; though, in certain constitutions, the cold is useful. It will very soon be discovered whether the warm produces quiet in the furious, and reaction and vigour in the melancholic; and if these expectations are disappointed, the temperature for each should be reversed. If cold bathing in melancholia produce reaction or a universal glow on the surface, it acts as a tonic; and is peculiarly adapted to that physical and mental state of debility which succeeds the active stage of insanity, and is then an inestimable remedy. For delicate and timid persons, and for those to whom a plunging bath is inaccessible, the shower bath, either tepid or cold, is an admirable and convenient application. Those who can obtain neither, will find simple affusion of water over the head and body a good expedient. Same precautions here as in other diseases. Bathing in sea-water, not superior in itself.

11. *Purging*. For two thousand years, faith in the virtues of hellebore was maintained. In the middle ages Trallianus says it had grown into disuse, and was superseded by the famous Armenian stone; and according to Nonus, a Greek physician of the tenth century, the latter was still preferred. The Arabian physicians feared the too great activity of the plant; Avenzoar recommends the flowers of *nymphæa* to be mixed

with it, to correct its effects. Its reputation revived, but many fatal accidents from it. Cophon, an Italian physician of the twelfth century, directed a chicken to be fed with white hellebore, and after eight days killed and made into broth, as a gentle purge. Morgagni lost a patient in melancholia from half a drachm of the extract of black hellebore, and he ascribes his death to his not having taken whey after it, as he always prescribed. Both species, black and white, were commonly administered. Black to cause dejections in melancholia; and white vomiting, when the patient was too high and merry in mania. This remedy is still held in high estimation in many parts of the Continent, particularly in Germany. Has tried extract of both black and white. Operation always been very uncertain, and never found any difference of action from other purgatives or emetics. Has therefore long since discarded hellebore. Keeping the bowels in free action indispensable in all cases of insanity, but absolute purging in the incipient and active stages especially necessary; on account of depraved nature of secretions. Montanus inveighs against half purges as irritating. Thomas Willis's formula in melancholia: calomel and extract of black hellebore, each a scruple, and extract of jalap, six grains; such a dose at present would be dangerous, whatever it might have been. Author observes no stated days, but is governed by the circumstances of the case. And when the evacuations have become natural, endeavour to keep them so by exercise, diet, and means best calculated to preserve the functions of the body in health. Drastics may be indicated in the first instance, not only for torpidity of bowels, but for large quantities of morbid bile or scybala in the colon and large intestines, the evacuation of which sometimes at once greatly diminishes cerebral irritation and delirium. For this the sixth or fourth of a grain of elaterium has proved very beneficial. Calomel with other cathartics, very useful. When evacuations of this description, strong purges must be interposed; but the bowels in the interim should be kept regular by milder cathartics. If vomiting and purging desired at the same time, gives a solution of Epsom salts, with one grain of tartar emetic to each ounce of the solution, and of this a tablespoonful or two every half hour, till both or one of these effects be produced. If great activity of the bowels required, two grains of emetic tartar, with six ounces of the common senna mixture, and three or four tablespoonfuls of it to be repeated every two, three, or four hours, till it freely operates. A dangerous error that bowels difficult to move always, for often free, and sometimes very irritable. Caution, therefore, necessary. He begins with moderate doses, and continues purging at intervals so long as the excretions bear an unhealthy appearance, and remits as they improve, always having regard to the constitution of the patient. As men of studious and sedentary habits are often affected with melancholia and hypochondriasis, it should be remembered that they, especially, can never bear violent purging.

Where system, with costiveness, is much exhausted, either by long-continued violence, or for want of a proper quantity of nutrition, or disability of assimilation, all of which are frequently met with, drastic purgatives out of the question. Glysters then the only resource. When resistance made, purgatives to be employed, which, from their bulk and insipidity, can be best disguised. A dose of calomel, with a grain or two of tartar emetic to give it activity, a convenient form. Has often succeeded in getting this down, by putting it between two pieces of buttered

bread. Croton oil may be sometimes given, rubbed down with a little sugar, in table beer. Elaterium excellent as to bulk and certainty; but too nauseous except in pill. Both these medicines sometimes cause intense nausea and vomiting: an objection to them. In one case, formerly created nausea for a week: elaterium never failed to purge when expected, but sometimes operated alarmingly: should therefore, before such remedies, know well the strength of the patient. Galvanism has been successfully applied to remove obstinate costiveness. Purgatives in a case had little effect; but galvanism, twice a day for half an hour, always produced a stool, preceded by a rumbling in the bowels. Has not tried it, but conceives it very useful in constipation, connected with cerebral affections. Various devices used to overcome both involuntary and voluntary retention of the feces; and any means accomplishing the object better than drastics. Suppositories, as a piece of common soap or a twist of tobacco, or irritating the sphincter and with a feather, will often answer the intent. When all other means have failed, and the necessity of evacuation urgent, surprise will relax sphincter muscle. In La Salpêtrière saw a strong arm-chair, like a night-chair, fixed to the ground, in which, when the patient is firmly seated, a stream of cold water is suddenly propelled from a *douche ascendante*, full on the anus. The shock generally produces the wished-for effect. This, however, might fail on a second trial, with a cunning lunatic. A vibratory chair, at the Glasgow Asylum, thinks would produce the effect. Thinks lunatics would, generally, acquire a regular instinctive action of the bowels, if forced to go to the water-closet daily, at the stated time when nature makes the call in health. Has tried this plan with many where an opposition or disinclination has shown itself, and have thus imperceptibly conquered it. Filthy habits could in the same way be avoided, if the movements of those unconscious of the calls of nature were carefully watched.

12. Vomiting. No remedy that has been more generally or strongly recommended. Evacuation, says the elder Monro, the best cure, and vomiting preferable to all others; and if not carried beyond the patient's strength, nor crowded too fast upon him, his bodily health improves so long as vomits are continued. Prodigious quantity of phlegm not otherwise to be got rid of: purges do not operate so well till after vomits. Hallaran advises that purging should precede vomiting. Monro's opinions certainly strengthened by the practice of many, before and since his day. Dr. B. has given them a fair trial; and in several cases relied upon their operation, together only with purging. Used in turn every emetic, and marked with attention effect of each; and confidence, after several years' experience, in emetics alone been entirely dissipated. Ferriar asserts, that he has known dangerous debility brought on by a single vomit of emetic tartar. A vomit sometimes given to refractory patients as a punishment; condemns this as attended with risk, and exciting a prejudice against medicines, afterwards irremovable. He has occasionally recourse to emetics, but only as in other diseases—to cleanse the stomach, excite activity of torpid viscera, and rouse and emulge general system. Decidedly more useful in melancholia than mania. Occasionally useful too, by interrupting intense abstractions, and morbid hallucinations, and capricious resolutions. When the urine has been retained from obstinacy, an emetic will generally evacuate the bladder. In like manner, it sometimes will act on the rectum when the feces are

withheld. Where cerebral congestion, powerful doses of tartar emetic required to induce vomiting: has given a scruple at a dose without the least nausea, in cases of mania, where, as soon as the congestion was relieved by blood from head, a grain or two has vomited. So likewise as to nausea, until vessels of head unloaded and lower intestines well evacuated. These, however, general remarks, not without exceptions; for sometimes, though rarely, much gastric irritation, and then the slightest dose of any nauseating medicine cannot be borne on the stomach.

13. Nausea. While it lasts, hallucinations of long adherence are suspended, and sometimes perfectly removed, or perhaps exchanged for others; and the most furious become tranquil and obedient. In mania, furibunda an excellent auxiliary, not only because it subdues violence, but because of its controlling power over the circulation. Indeed, safer by far to reduce the patient thus, than by depletion. Doses of emetic tartar, at such intervals as will keep up the nausea, rarely fail to reduce the most stubborn to subjection. Sleep, also, in these cases so desirable, sometimes occurs in this state. Should be continued so long as positively useful, and no longer. Have known it pursued for a fortnight, and the hallucinations by degrees dispersed, or so weakened that the cure has been quickly accomplished. In melancholia, nausea never ought to be excited as a remedy; for various reasons.

14. Salivation. Mercury been recommended, both from its peculiar qualities as a cathartic and a sialogogue. As a purgative, in the form of calomel, certainly highly useful, either by itself or in combination with other cathartics; but possesses no antimaniacal properties. Prefers it in most cases, either in combination with, or followed by other purgatives; acting better on the liver, which is often in fault in both mania and melancholia. Extremely useful likewise with opium, emetic tartar, digitalis, squill, &c., when particular effects are desired, as in other diseases. Mercurial ptyalism unmentioned till seventeenth century, when Thomas Willis advises it. Dr. B.'s attention called to it by accidental salivation of a patient and recovery. *Case*.—Miss C.; very respectable; forty; leuco-phlegmatic temperament; gray eyes; dark brown hair, and very corpulent; disposition equable, though rather melancholic. Had for several years conducted a prosperous business; but occupation sedentary, and admitted of little variety. In spring of 1817 became very dyspeptic, nervous, and fanciful. Was unhappy, without any moral cause. From a friend's having been operated on for umbilical hernia, imagined she had one; also other illusions, and suicidal propensities. Accidental salivation, but not excessive. Suffered to take its course. Concurrently, an instant amelioration of mental alienation. In two other cases sanity supervened to accidental salivation. Has subsequently made many trials of it; and although ptyalism accomplished in several, yet never succeeded but in one case to cure. This also melancholia. Salivation might, *à fortiori*, be considered a useful adjunct, as a stimulant, in those cases where there is an evident torpidity in the vascular system. We may, however, fairly infer, that its success has been equivocal; otherwise we should have heard more of its virtues. Thinks there are certain maniacal conditions in which mercury is efficacious, but we cannot precisely recognise them. A case of apoplexy is related by Ferriar, where recovery commenced on ulceration of the gums from calomel; and the cure was completed by supporting a gentle ptyalism. Mania resists the action of mercury more obstinately than melancholia.

Notwithstanding the ill success which has attended his attempts, where other means fail, shall not hesitate making trial again, in obstinate cases, of mercurial salivation, always first prescribing evacuants. As an alterative, in cases attended with glandular or cutaneous affections, or where the chylopoietic functions are deranged, mercury is of undisputed utility.

15. *Digitalis*. Possibly the testimonies of British practitioners are more at present in favour of powers of *digitalis* in mania and melancholia, than of any other remedy. Indeed, some ascribe to it a specific antimaniacal virtue. Dr. Cox ranks it next to emetics, &c. Dr. Hallaran strongly recommends it: says that the *digitalis* is not eligible in any case, unless previously reduced by proper evacuants; and that its sedative action on the circulation cannot be usefully exerted under the pressure of high arterial action. As firmly expects recovery from it, when judiciously administered, as from mercury in syphilis; that besides its action on the heart, possesses remarkable anodyne and soporific qualities, and none of the objections to opium in maniacal cases. Cautions against carrying too far, lest, by producing paralysis or extreme debility, the existence of the patient should be endangered; and advises its suspension when there is pallor, inability of retaining food, vertigo, dilated pupils, and slow, intermitting pulse, with cold extremities, which condition should be met by volatile stimuli and cordials. Moderate purging during the interval of suspension secures a safe return to its exhibition. Recommends beginning with five or ten drops of what he calls the saturated tincture thrice a day, and gradually increasing the dose. When arrived at one hundred and fifty drops daily, in three doses, he stops at that quantity for ten or twelve days; then proceeds, to increase it to one hundred drops at a time, with safety and advantage. But when there has been occasion to suspend it, he always recommences with ten or twenty drops, adding one drop to each successive dose daily. I have never carried the dose beyond fifty drops of the tincture of *digitalis* of the London Pharmacopœia. Even in that quantity, by gradual increment, have seen effects that have alarmed me for patient's safety; and therefore, if it has not answered in that dose, I have desisted from carrying it farther, or suspended it altogether. Besides premising depletion, and purgation with calomel, Dr. Hallaran advises mercury internally, so as to produce moderate salivation, as preparatory to *digitalis*. Although not going so far as Dr. Hallaran, yet I concur with him as to its powerful influence, when properly administered, in all stages of insanity, accompanied with great vascular excitement and a rapid pulse. Believe, also, that its operation would be more uniform, if the previous evacuations were constantly observed. Effects of these exactly corresponds with my own experience. In fact, it is obvious that none of the most efficacious internal remedies recommended in mania are admissible, unless anticipated by evacuants. It would seem, indeed, that the vascular system in this malady is at first so excited, that it resists the powers of all remedies which act on that system, till it be lowered, so as to be capable of producing reaction. Confess that I have not had the surprising success with it that Dr. Hallaran and his correspondents describe. May not have observed so strictly rules. At same time have seen sufficient of its powers to have much confidence in them. Dr. Ferriar has remarked, that when *digitalis*, camphor, and opium alone, have been found ineffective, each has proved

serviceable with cinchona. This contrary to my experience. Think difference of effects in digitalis owing to different specimens.

16. Prussic Acid. Tried a few years ago in various lunatic establishments, but the report of its operation singularly differs. The only person who spoke in its favour was Dr. Balmanno, physician to the Glasgow Asylum. Told me that in furious mania he gave from fifteen to thirty drops of a diluted solution of it, preparatory to exhibiting hyoscyamus or other narcotics. This produced diminution of the pulse, exhaustion, slight twitchings of the muscles of the face, and slight subsultus; and that it was when the patients were in this state that narcotics had a full and good effect. I strictly observed this plan, but never derived permanent benefit from it in any one case.

17. Camphor. Its antimanical virtues been highly extolled, and some marvellous cures ascribed to it. Modern physicians have little confidence in it. Dr. Haslam says, he gave it in doses as high as two drachms without any sensible effects. Neither Cox nor Hallaran attribute a cure to it. To counteract its heating properties, old practitioners combined with it the nitrate of potash. In a case of insanity, where two scruples were exhibited, it produced a fit, and a perfect cure followed. Upon a relapse two years afterwards, it had the same effect, even to an alarming degree; but it required to be repeated afterwards in smaller doses of ten grains. Hence we learn how far it can be prescribed as a remedy. In rash hands may prove dangerous to life, and in the most dextrous, rarely can be used to advantage. If ever admissible by itself, it would be where, as in some long-standing cases, the system is exhausted and feeble, and requires stimulating. In combination with certain sedatives, however, especially henbane, it has proved beneficial.

18. Dr. Edward Percival, of Dublin, has strongly recommended the rectified oil of turpentine in maniacal epilepsy. He tried it in long-standing cases which were deemed incurable; and although unable in a single instance to banish permanently the epileptic attacks, yet in every instance they became considerably milder, less frequent, and remarkably disengaged from the maniacal excitement which before attended them. Employed this remedy in twenty cases,—thirteen women and seven men,—and in each case persisted in its use four months. Formula of Dr. Percival, an emulsion, prepared by triturating an ounce of rectified oil of turpentine with as much loaf sugar, adding very gradually a pint of spearmint water. Of this mixture he gave an ounce thrice a day, as a full dose. Women bore the largest doses without catharsis, and to them it proved soporific, which was not observed in any of the men's cases. Tried this prescription in three cases, but producing no good effect, desisted from its use.

19. Tonics. Of all kinds, admirable adjuvants; but in recent cases, before vascular action and excitation are abated, may be decidedly injurious. Not enough to prepare for them by vomiting and purging, but accelerated circulation and cerebral irritation, must first be lessened by moderate local bleeding, refrigeration, and other remedies acting on the heart and arteries. This course seems to be now generally pursued by most judicious practitioners before tonics in maniacal cases. Even in the excited state the immediate exhibition of cinchona, and wine also, merely preceded by clearing the bowels, have been recommended by those reputed to have had great success in the treatment. Dr. F. Willis says, this was the principle of his grandfather's and uncle's plan, and he

himself, therefore, recommends in every stage of mania, a tonic and stimulating system. Danger in depletion to excess, protracting the case, when recent; if old, fatuity or premature death. Dr. F. Willis adduces a solitary case in support of his stimulating and bracing practice, a young lady, who, for six days from the accession of mania, and before he saw her, was very violent, and had been bled by leeches to her forehead and temples, and by cupping-glasses to the back of her neck. Also a blister on her head, been purged, and only allowed barley-water with weak broth. She had ceased to rave, probably from exhaustion. Sleepless, silent, and in perpetual motion; pulse 130, and all the symptoms of cerebral excitation; unconscious of evacuations; tongue brown; lips and teeth covered with sordes. Gave her two glasses of old Port wine; and two hours afterwards, three ounces of decoction of bark, with some of the tincture. Vital powers quickly restored, and soon answered questions correctly. *Case.*—An athletic gentleman in a state of violent mania. Been treated on the stimulant plan, and allowed Port wine and beef steaks for his diet. Grew furious, to a degree beyond any one I almost ever saw, and was in a perfect delirium. After the first visit solely under my care. Treatment reversed in every respect: was first removed from home, head shaved, sixteen ounces of blood from occiput and temples by cupping, refrigerating lotions, purging, and afterwards nauseating doses of antimony, and a spare diet. In a few days infinitely calmer. When symptoms of excitation gone off, a bitter infusion with aperients; finally bark, wine, and abundant nourishment. In about two months reason restored, and in three more went to Brighton, stopped there two months, and returned home quite well. In recent cases of mania, so long as there exists symptoms of determination of blood to head and cerebral congestion, with a flushed countenance, hot scalp, and shining and suffused eyes, would advise postponement of all tonics and stimulants. Quickness of pulse no criterion, as often temporary, and from transient causes or simple irritation. Hence its tone, rather than celerity, to be regarded. In melancholia, often find much cerebral excitation and occasional fits of violence. Even here do not advise powerful tonics whilst these symptoms continue. But as soon as the vascular excitement is subdued in either case, and the nervous system chiefly seems affected, I confidently commence tonics; first, the lighter, as gentian, calumba, cascarilla; and then cinchona, combined often with nitric acid, sulphate of quinine, iron, &c., with cold plunging bath or shower bath, strong exercise, and a generous diet, and wine, ale, or porter, in moderate quantities, according to the patient's constitution, or original habits. When digestive organs much disordered, which they generally are in melancholia, I add two or three grains of blue pill, with one of ipecacuanha at bedtime. Never tried arsenic, as abundance of safer reliable tonics.

20. Tobacco. Most universally agreeable substance tobacco, in any form. Some whom it renders more tranquil; and in lunatic establishments is often found to be a ready means of conciliating good-will and confidence. Melancholy and imbecile seem fondest of it. From close analogy of maniacal and apoplectic diathesis, as tobacco reckoned a cause of latter, should conclude its use in any form injurious to the insane. Esquirol encourages smoking and chewing in his private establishment, in the hope of advancing a favourable crisis by inducing ptyalism. That it is ever serviceable, I think very problematical; except as a means of

keeping some patients more tranquil. Might be encouraged, if any instance of a crisis being produced by it; but as I know of none, and see no utility to compensate positive inconveniences, I never encourage it. Where it has become a habit, and its interruption occasions great irascibility, some indulgence must be shown; but the sooner broken off the better. A little management will accomplish this in those most inveterately addicted to snuff-taking and smoking.

21. Diet. A very material part of treatment. If recovery or even quiet be sought, the diet should be apportioned according to the nature of the case. Appetite of most is capricious: voracious, defective, depraved, &c. These different conditions always obvious, and manner of treating them equally so. When the case will not admit of stimulation, as in most recent cases, must be light and spare. But when a strengthening system is indicated, it should still be light, but more nutritive. In melancholia and hypochondriasis, dyspepsia common, and then the diet should be the same as in any case unconnected with mental affliction. Caution necessary that mere violence and vociferation be not mistaken for the excitation of active insanity. These oftener the concomitants of old and permanent, than recent madness; and spare and scanty food would increase restlessness, fury, and raving. Many here, troubled with devouring hunger, which augments their rage. Good and substantial food, with a little wine or porter, especially satisfies this craving, causes a greater flow of blood to the brain, in such cases generally deficient, induces sleep, and renders their whole conduct more quiescent and tractable. Some deemed incurable have recovered by a change from a poor and insufficient to a generous diet.

If refusal of food be prompted by a suicidal resolution, or a fanatical determination to emulate martyrdom, or from fear of offending the Deity, nothing but force can make them take food. Dread of poison produces almost as firm a resolution; but it will give way occasionally, if patient can procure food in a manner he thinks free from the suspicion of it. More easily yields if from a whimsical distaste; will then often make a compromise to have certain things, and in his own way; and frequently he will consent rather than be forced. Should expedients before advised not induce eating, and fasting gone as far as allowable, no alternative but stratagem or some mechanical contrivance. Various instruments been devised. Have seen liquid nutriment introduced into the stomach most readily by stomach-pump; passing tube through a nostril is a more ready mode than forcibly separating the jaws. Much nourishment may be conveyed by glysters. Conveying food to stomach should never be left to an ignorant person, as patients have been choked; and even with the utmost care, some injury is often inflicted. Consequently such operations should never be executed, except in the presence of a superior and responsible person. Practice gives some attendants a wonderful dexterity in getting down food. They should be especially resorted to, when possible, for this particular purpose. Medicines should never be mixed with the food of an insane person: this naturally strengthens the suspicion of poison, or mere disgust of nutriment, and his resolution to resist taking any.

Moral Treatment.—If the moderns have any claims to pre-eminence in treatment, certainly from study and application of moral means. Taet, however, pivot of everything in a physician. Pinel the first in this department: his suggestions have been successfully practised, not only by

his immediate pupils, Esquirol, Georget, and other eminent French physicians, but by those of Europe generally. Although no specific rules, yet a few general principles recognised. (Georget.) First, never to exercise the mind in the sense of delirium. Second, never to openly oppose the morbid ideas, affections, or inclinations. Third, as a consequence of preceding, to give rise, by diversity of impressions, to new ideas and feelings, and thus, by exciting fresh moral emotions, revive the dormant faculties. Fourth, never to commit one's self by a promise; but if inadvertently a promise be given, faithfully to adhere to it, unless certain that the fulfilment will be attended with worse consequences than the breach of it. These not for the government solely of the physician, but of every one who has the charge, or is attending on, or visits casually, a lunatic. Great caution necessary during approach to convalescence, and from this state to recovery. A well-cultivated mind requires here great tact, &c.: the first glimmer of returning reason, when unfolded, will be cherished and encouraged: a contrary course prevents or procrastinates recovery. Physician has not only to exercise a sound judgment, to encourage every dawning sign of returning sense, and to reason with his patient (for reasoning now is highly useful in removing weakened and decaying illusions), but he must add the voice of friendship to calm the agony of reminiscence. Has also to repress patient's impatience to be freed from restraint. Approaching convalescence sometimes announced by the gradual revival of the moral affections. Such feelings should be encouraged gently. No errors of memory or speech ought to be noticed, lest, if exposed too suddenly, they shock and discourage him. If, in reasoning with him on any remaining delusion, a painful recollection is revived, the subject should be changed, and resumed at another time. Inquiries resulting from returning moral affections, must be frankly, but cautiously answered. If any domestic event have occurred during his abstraction, likely to excite a strong feeling, whether of joy or grief, it must be withheld, and not be imparted till the understanding is supposed to have acquired strength to bear it; and even then caution prudent. Where nothing extraordinary has happened, the anxiety dictating a question should be promptly satisfied, in order that it may be quickly removed; but the answer should be limited to the simple solution of the question. Very flood of reminiscences tends to overcome mind. Very difficult, therefore, to preserve a due medium between gratifying and checking his eager importunities for information. Whatever be their impression, as to events of excited state, for this differs in different lunatics, our conversation must conform to it. To reason with a lunatic is folly; to oppose or deny hallucinations worse, because it is sure to exasperate. To make an impression, it must be by talking *at*, not *to* him. Objects to attempts to break catenation of morbid ideas by fraud, trick, terror, or surprise, for several reasons. The confidence of his patients is the sure basis of the physician's success; and among none is it more essential than with lunatics. A cheerful, encouraging, and friendly address; kind, but firm manners; patience in hearing, but cautiously prudent in answering; never making a promise that cannot safely be performed, and when made, never to break it; vigilance and decision; prompt to control when necessary, and willing, but cautious in removing it, when once imposed;—these acquire the good-will and respect of lunatics, and a command over them that will accomplish what force can never attain. Active and passive states, requiring different

treatment. In one, moral remedies almost useless; restraint and medical discipline till violence subdued; in the other, restraint never necessary, except there be a suicidal propensity, or to injurious and improper habits. Vigilance necessary in all cases, for the passive in a moment sometimes changes to the active state; and therefore, unless always on the guard, mischief is done before it can be prevented. If subject to intermitting or periodical insanity, he requires the more caution, lest a paroxysm suddenly occur. Secret vice requires peculiar and unwearied vigilance. Sexual intercourse does not always cure the propensity. If contracted during continuance of insanity, it ceases generally with a return to reason. To prevent it by restraint is extremely difficult, yet it is imperative. A thousand subtle expedients will be resorted to, to accomplish the purpose. To prevent it effectually, patient must never be left alone one instant; and even though in a strait waistcoat, and hands secured, such confinement only will be unavailing when in bed. Constraint, so that he cannot turn himself, is necessary; and some mechanical contrivance must be applied to guard against friction.

Although indelibly impressed with the efficacy of religious communication in particular cases, I am equally so, that in others it is highly inimical. With judicious selection of patients, and discourses suitable to their state, effect of religious services has been tried on the patients in Bethlehem Hospital, the Glasgow, Lancaster, and other lunatic asylums, and spoken of favourably. Governed by these rules, I have never experienced any ill, but, on the contrary, much good effect, by a proper attention to religious observances among the patients of my own establishment. Before religious instruction in any form be attempted, let it be a maxim, that an intimate knowledge of every patient's state of mind, and of his former and present religious opinions, should be ascertained: and this is very difficult. No minister, except he have constant intercourse with the patients, and be well acquainted with each, ought to assume this office. What may be adapted to one lunatic, may be a source of irritation to another. Without, therefore, the utmost precaution, the introduction of spiritual subjects must be dangerous, and often injurious. If it were adapted to their peculiar case, religious instruction would be, doubtless, extremely useful to many lunatics, but other matters might also be heard, deranging some harmony of mind. It is plain, then, that religious instruction, when attempted, ought generally to be administered separately, through private communication. It results, that religious instruction must, in the first instance, be tried as an experiment. The only safe way in which it can be essayed, is by a previous personal examination of each patient's state of mind and feelings, and if pronounced in a fit frame, there can be no question that the inculcating of the simple and benign precepts of Christianity will not only be found an efficacious auxiliary to the restoration of sanity, but to the subsequent preservation of it. The morbid tendency of Cowper to mental derangement was always counteracted by the consolatory influence of the principles of true religion. In the first paroxysm of his disease, prayer to God afforded a temporary solace to his distractions; and, later in life, the sense of his obligations and duty to his Creator arrested him from suicide.

Celsus Aurelianus accuses the sect of medical philosophers designated methodists, with treating lunatics with great barbarity. Says they ordered them to be fed like wild beasts, covered with chains without any discretion, and to be whipped. Celsus's maxim, "*Pame, vinculis, plagis*"

coercendus est," adding terror, fear, and mental perturbation. Celsean rather than Aurelian plan prevailed, even to our age; and although happily fast exploding, yet it is not quite extinct in every part of Europe. Thomas Willis advised, as the first indications in mania, manacles, fetters, and stripes, as equally necessary as medical remedies. Farther recommends slender and not over delicate food, rough clothing, hard bed, and severe and rigid treatment. Prescriptions, deceptions, allurements, rewards, and punishments, to be frequently varied. In melancholia, as in mania, Willis recommends practice of ancients. Here excellent advice: advising cheerful society, music, singing, dancing, hunting, fishing, pleasant exercise, sights, any light occupation, studying mathematics or chemistry, also travelling, changing the scene, and to abstract the mind by artificial means. In the course of another century (18th) good points of Willis's practice forgotten, and bad retained. In no species of lunacy, incapable of distinguishing between kindness and rigour. Rewards and punishments, as with children, have each responsive effects. As much difference between coercion and restraint, as between morality and immorality. Rotary chair, douche, a dark room, and personal confinement, often used as means of repression. These, and other expedients, so far as mere restraint of violence or malignancy extends, are justifiable and imperative on many occasions. Deprivation of an accustomed indulgence, also, will often check the repetition of a wilful offence. In such matters, constitution and condition of patient must always be remembered. All these expedients, apt to be construed by patient into punishments; and if enforced when no actual necessity, beget a dread and resistance, when necessary as remedies, and thus counteract any benefit from them. Restraint not to be hastily adopted, unless safety of patient or others demands it; nor any punishment like measure to be imposed but by the direction of the physician or superintendent, as the lunatic distinguishes between these and a keeper or servant. If coercion mean not what Celsus and Willis recommend, but merely simple restraint, to prevent a patient from injuring himself or others, or to enable his attendants to control him, maintains that such restraint is frequently called for, is generally highly useful, and cannot altogether be dispensed with. Reprobates Dr. Autenrieth's idea of a padded room in place of restraint. Solitary confinement best for the turbulent and vicious. Irritation thus avoided; and if dangerous propensities, proper precautions necessary. Darkness is a powerful auxiliary in obtaining quiet, and preventing the renewal of raving; but should beware that terror is not created, and should observe that the patient is not naturally afraid in the dark. A bandage over the eyes has banished ocular illusions; if other illusions substituted, no advantage from this. With those having pride of birth, or suchlike quality, should be particularly circumspect that no control is attempted that can possibly be avoided. No rule as to degree of control, as cases and constitutions differ; must depend on judgment of the person to whom intrusted. Strait waistcoat most commonly used restraint; and is a good safeguard, provided it fits the shape, and is properly put on; is apt to be drawn so tight as to impede respiration. Strings, also, often fastened so tightly round arms, as to check the circulation; and sleeves sometimes tied in a knot behind, so as to gall exceedingly. These faults may be obviated by care. Glasgow muff ingenious and excellent. Attendants complain of difficulty of application, but thinks this prejudice. Now generally adopted in asylums on the Conti-

ment, especially in Italy. Drs. Hallaran and Knight, in their works, give drawings of several very useful belts, sleeves, &c. Similarity of metal manacles to common handcuffs, by association of ideas, has raised a very unjust prejudice against the former: less friction and excoriation from them, than from rings of linen, leather, or any other substance; neither does patient exhaust himself by attempting to gnaw or tear them. A belt of leather, fastened round the waist, with steel or leather manacles, in which the wrists are confined, useful. Some one should always be with patients in confinement, as the calls of nature cannot be easily attended to. Filthy habits often from want of watching. None should be coerced, unless intention to support life or promote a cure. Food and medicine, if refused, and no disguise or stratagem avail, must be forced on the insane. Would suggest trying, before absolute force is used in any case, what persuasion by one of the opposite sex will do. Has known, often, an insane man, outrageous as to another man, yield with the greatest complacency to a female. Delicacy and custom forbid attendance of men on women, but merely for such a purpose, experiment might be made with propriety. A keeper should possess a quick apprehension to discern the first approach of a paroxysm, decision, prudence, and the greatest humanity. All is unavailing in the physician, unless judiciously seconded by able assistants. No general maxim, wherein medical practitioners, ancient or modern, foreign or domestic, are so unanimous, as that of separating the patient from all customary associations, family, and home. Dr. Heberden, perhaps, goes too far, in remarking, that if the insane are taken away from their friends and servants at the beginning of the attack, and placed under the care of strangers, in a short time they recover without any remedies. Does not think that separation is indispensable. Only case, when the affections are not perverted, nor delusions associated with home, or any person or object about it. Even here, however, disadvantageous circumstances, as being more averse to control, &c.

First hospital read of, at Jerusalem, in the year 491. Benjamin of Tudela mentions, that in the twelfth century there was a large building at Bagdad, called Dal Almeraphtan, or House of Grace, in which the insane were received during the summer, and kept in chains until recovered. In the same century, hospitals were founded, according to Anna Commenes, for the sick and insane, by her father, the Emperor Alexis. Bethlehem founded in 1547, the oldest hospital. Among the Moors, asylums for the insane were common; now numerous in all countries. As to visits of friends, before I permit the visit of any individual, I examine the state of the patient's feelings and views to that person. Moreover, I always select the one who the least interests the patient's affections, for the first interview. If that is borne without ill effect, I next fix on one who is nearer, and reserve, as the last trial, communication with the object of warmest attachment. The question of admitting friends must be left to the discretion of the medical attendant; for the slightest intercourse, or even object exciting reminiscences, will have a bad effect in some cases; even the family physician. Exercise peculiarly appropriate for the insane. Whenever the circulation is already excited to an extraordinary degree, as in most recent cases of mania, violent muscular exercise would only increase the malady. Moderate exercise only is applicable in such cases; while for those in whom the momentum is reduced, or is languid, or unequal, the more violent and brisk is required. Exercise, constant exercise, is ad-

vised for the insane. But I must insist, that unless a judicious limitation be observed, the malady of some will be greatly aggravated by it. Exercise, therefore, ought to be varied according to the form of the malady. Thus for patients easily excited, swinging, riding in a carriage, or gently on horseback, or slowly walking in quiet, shady places, will, under certain restrictions and modifications, be sufficient and beneficial; while for those in whom the circulation is languid and sluggish, active exercises, and every degree or kind of muscular exertion, will conduce more to their health. A due medium, therefore, should always be preserved; for if carried to excess in either case, greater excitation, or so much fatigue and exhaustion is produced, that harm instead of good will result. It cannot be necessary to point out particular species of active exercise: with the caution premised, none can be objectionable. Occupations and amusements equally essential as exercise to recovery: fortunate when they can be combined. Should each be suited as much as possible to the rank and taste of the patient. Must be varied: same course long continued becomes wearisome and disgusting; a little thought and ingenuity can wonderfully diversify these auxiliaries. No public lunatic asylum, especially for paupers, should be without a garden or land annexed, proportionate to number of patients. In manufacturing districts, may be made to follow their several callings. In the Wakefield Asylum, they manufacture all the materials for their apparel, and the surplus is sold. In La Salpêtrière, the insane women are permitted to sell a part of the produce of their needle, or other ingenious works, and to appropriate it towards the relief of their necessitous families. Most lunatics disinclined to work; but kind entreaties, or the prospect of procuring themselves the means of extra comforts, frequently tempts them to do something. Greatest difficulty, to find occupation or amusement for the higher classes of lunatics. They sooner get tired of the same pursuit. Reading, billiards, chess, cards, and other games must be diversified for in-door—walking, bowls, gardening, and athletic exercises for out-door amusement. No fear of trusting with them working implements; rarity of accidents proves any fear unfounded. Dangerous lunatics, of course, never allowed so much liberty. Sometimes patient likes study and sedentary pursuits; should be remembered, that the exercise of the mind is a stimulant, and must not be indulged to excess; consequently, such employment should not be encouraged to the neglect of bodily exertion. Many would find ample amusement from their pen: but this can seldom be allowed, as too apt to run in the sense of their delirium or delusion. Music been highly extolled, not only as an amusement, but a powerful remedy: this, like other moral remedies, is applicable or not, according to disposition, nation, and peculiar delusion of patient.

EVERY madman, says Sir Andrew Halliday, in his work on the Lunatic Asylums of Great Britain, &c., is affected by kindness and pleased with confidence. Never forgives or forgets detected deception. And although utterly futile to attempt to reason him out of the delusion, which has got possession of his mind, yet, in all other matters, he will be perfectly amenable to reason, and may easily be convinced of the propriety of any judicious restraint or change of place that may be necessary for his self-preservation, or the security of those around him. Deal honour-

ably but firmly, with a madman, and, even in the most furious paroxysm, your presence will calm him in a moment. Under a steady gaze, his eye will fall, and his conduct seem to say, "I know I am wrong, and not acting as I ought to do." Except in cases of *dementia*, where the whole instruments are so diseased as scarcely to transmit one intellectual ray of the mind, even most furious maniac not insane on more points than one; hence propriety of treating the madman as a human being.

GREGORY.

ELEMENTS OF THE THEORY AND PRACTICE OF PHYSIC. By George Gregory, M.D. With Notes, &c. By Drs. Potter and Colhoun. 1829.

Article—*Mania*.

I. MANAGEMENT of the Insane. Author says firmness, but conciliatory manners. Amusements in the open air. Diet to be simple and nourishing, without being heating. Strictly regular hours of meals, exercise, and sleep. Editors say, classification: convalescents together, and to have drafts, billiards, ninepins (made of leather stuffed with horsehair), &c. Working in the garden or on a farm, and using the wheelbarrow, for the men. Cooking, battledore, washing, cleaning, &c., for the women. Religious exercises on Sunday. On week days, dancing and music been advised, and are beneficial to the melancholy, desponding, and excitable: to the lustful, hurtful. Should eat with the officers of the house, who should conceal the cause of their being brought to the asylum. Promises to be kept. A man submits more easily to a female attendant, and the reverse. False ideas not to be flatly contradicted: should endeavour to remove them by exciting new ideas. At the hospital in Avignon, give way to whims, &c., imputing their misbehaviour to some other person; no medicine but purgatives. Should encourage feelings and characteristics prominent in health, and now deranged by disease. Regularity. Diet to be generally vegetable and laxative. Hallaran says that even the quiet were excited by animal food, in the Cork hospital; on which account vegetable diet was preferred. Indian or rye mush as laxative, a good breakfast or supper; or coffee, when thought proper to change it. Meat twice weekly, and to the incurable, aged, or debilitated, as may be thought proper; avoiding pie-crust, gravies, spices, and the indigestible and stimulating. Ancients thought that the patient should be placed in a cool and moderately dark place. Exposure to the sun always improper. For the melancholy, a change of climate, airy and pleasant scenes. When from home-sickness, returning home. Dwelling, food, and clothes to be warm, dry, and comfortable, to prevent the scurvy, to which they are prone, and avoid danger of frost. To be well ventilated. For suicidal mania by drowning, plunging in cold bath, and Dr. Cox's swing effectual. Text to a suicidal religious maniac, "No murderer hath eternal life," has had same effect. Patient to be considered as capable of acting from motives, and appreciating reasoning though in a small degree. Character to be discovered, and acted upon accordingly. Most agreeable occupations and amusements always to be chosen. Tranquillizer of Dr. Rush (confining chair) or wristbands may be used to confine them. Chains to be made

of leather, to prevent noise. May be confined by one leg to the floor, or strapped to a chair. Cleanliness. Straw to be often changed.

II. Medical Treatment.—Author says that it can alone be entered upon, with a reasonable prospect of advantage, at an early period: and cannot be legitimately employed, but to relieve the constitutional disturbances with which the alienation may be complicated. When these have ceased, our hopes to rest on time, nature, and management. In the young and plethoric at first, not uncommonly accompanied by marks of phrenetic inflammation. Is aware, that amongst those exclusively attending to the disease, a general belief that excessive bloodletting rivets the disease, and great object should be to support strength: but in above cases often beneficial effects from bloodletting. When from intoxication, even to a considerable extent often required, and for the most part borne well. Temperament and habits equally to be consulted. Whatever is thought of general bloodletting, benefits of local (whether leeches or cupping) now fully appreciated in all best establishments for the insane. Hill says, according as disease is sthenic or asthenic, is the propriety of bloodletting by venesection: pointed out, therefore, in some measure by symptoms. Greater vociferation and violence, on changes of the air; torpor of skin; feeling blisters, caustics, &c., but little; greater boldness and generosity; a quick, snappish manner of speaking; rapid movements of body, in a greater degree in sthenic than asthenic. In latter character weaker and less violent; skin more sensitive; timidity and less generous; manner and walk more slow. Editors say passions in sthenic of a more exciting character, as anger, joy, hope, &c. Grief, fear, and despair, in asthenic. These distinctions often test propriety of bloodletting, when no indications from pulse. Sthenic more common in males. In France, Pinel and others think unfavourably of venesection, and rarely employ it. Dr. Rush believed mania to be always attended with fever, and almost always had recourse to bloodletting. Editor has seen much of his practice, and believes it to be on a footing with other remedies: often uncertain, and when proper, to be used with an eye to avoid debility. In melancholia, or where great weakness, improper. Early in the disease, when pulse active, veins distended and full, universal lassitude and weight, young, plethoric system, indolent habits, luxurious living, seen it of greatest advantage in many cases; in some, however, little good. In those debilitated by age, medicine, diet, or long continuance of disease, certainly hurtful. Hoffman directed it till actual debility; this as a general rule improper. Sometimes arteriotomy thought advisable; in general, bleeding from arm sufficient, and common bandages safe. Haslam thought bloodletting most effectual of all remedies in mania, but preferred cupping; thought it useless after fit had continued some time, and patient had become stupid. Local bleeding always useful when attack introduced by fulness of the face, and great excitement: may be taken by leeches or cups from neck and temples. To be useful must be united with repose, shaving the head, silence, darkness, a low watery diet, and sudorifics.

Bleeding always proper, where disease, owing to suppressed menstruation, or about its recession in women, or where any other discharge with plethora, as bleeding from the nose, piles, &c. Application of leeches to labia, piles, or temples if from nose, sometimes with good effect. When from suppression, after sufficient depletion, the warm bath will sometimes succeed. Tincture of melampodium or oil of turpentine

also have a very fine effect in producing a discharge. R Tereb. ol., ʒi. ; vitell. ovi., i. M. et una terantur; adde aq. fluvial., ʒvi. Dose, ʒss. four times a day: R Tereb. ol., ʒiij. ; mucil. gum. Arab., ʒi. M. intim. At night going to bed, with ʒi. of the root of rhubarb, or viij. grs. of calomel, one of aloes, and two of ext. jalap: elysters of sweet oil, and oil of turpentine, of each ʒvi. , with the warm bath at same time—says Pritchard. Tincture of cantharides, gtt. xx., at bedtime, and x. through day, every four hours, in a little water, will be found valuable. Exercise useful. Mania caused at the time of the cessation of the menses, by anything exciting the brain, is to be treated by bleeding, purging, low diet; and by emmenagogues, as turpentine, which keep up flow of menses.

If from repelled eruptions, from suppressed hemorrhages, or healing of old ulcers, free and copious bleedings, particularly if plethoric, young, or previously luxurious. Local bleeding from head, if from rheumatism, measles, erysipelas, smallpox, and inflammation of peritoneum, translated: pediluvium, warm bath, friction of skin, warm clothing, as flannel; also blisters to legs and ankles; liniments, as soap and volatile, rubbed on surface; sinapisms to feet good after local bleeding: salivation also good in mania from metastasis—says Pritchard.

When from causes in the brain, if whole system excited, then general venesection: but if vessels of head in that state, and general system debilitated, local bleeding from temples, and an issue or seton to back of neck, whilst at same time exercise, sea-bathing, and gentle tonics: this often occurs in serofulous constitutions—says Pritchard.

Where great debility from misery, excessive evacuations, as bleeding, purging, hunger, confinement in cells below ground, which are damp; diet to be nourishing, with tonics, as iron, bark, &c. When debility from secret vice, to which women particularly disposed, some one to be always with them, diet to be low, and system to be prevented from becoming plethoric. If patient will not take his food, may be forced by pressing on parotids; pain makes him open his mouth, and food may be then introduced through a tube into the stomach: glysters of broth at same time—says Georget. Particular examination in new cases, whether any fistulæ, scirrhi of rectum or hemorrhoids; sometimes bladder paralytic, and water must be drawn off, otherwise inflammation or rupture. Author says in enteric mania use of purgatives to be long and patiently continued: this is characterized by obstinate constipation, evacuations when procured exhibiting a most unhealthy aspect, a viscid secretion in the mouth, a failing or depraved appetite, coldness of the skin, scanty and high-coloured urine, and a rapid and irritable pulse, with restless nights. Editors say, moreover, from other authors—sometimes from living on salt provisions at sea; ardent spirits and irregular diet its most frequent cause. First mental symptoms hurry and confusion of thought, and suspicion that he is deranged. Tongue tremulous, thirst, fetid breath; eruptions, many tears, eyes wild and glassy, diarrhœa sometimes succeeding constipation; face often flushed, bile often with a tendency to slough. Bleeding to sixteen oz., says Pritchard; if inflammatory affection runs high, leeches and cups to temples; at same time cold affusion and ice to head shaved: but when head is cold, and inflammatory action considerably subdued (not till then), blisters. In general, says Percival, bleeding borne badly, and hardly required in more than two out of ten. In the young and plethoric more demanded; without it impossible to produce catharsis; even where necessary, we must be cau-

tious, as four or five oz. more than proper, induce great debility, cold sweats, tremours, &c. Free and thorough purging until bowels completely cleared out, the appropriate treatment; to be repeated as often as strength will permit. Percival recommends a powder of two grains of calomel and half a grain of tartar emetic, every hour until vomiting: if no catharsis in a few hours, an infusion of senna with sulphate of magnesia and tincture of jalap at short intervals until bowels freely opened; and a dose of Epsom salts with mint-water; if stomach too irritable, a draught of cold water sometimes induces purging. At the end of twenty-four hours, advises a repetition of the bleeding; eight or ten ounces generally sufficient, with a dose of calomel and jalap. Emetics in small doses frequently repeated particularly useful, and are preferable to purgatives: want of appetite, coated tongue, and costive habit call for them. With purgatives, emetics are particularly useful in the beginning of attacks of periodical mania; when the face is suffused, eyes glistening, and coated tongue. Bleeding here Dr. Percival thinks unnecessary; turpentine with purgatives valuable, tranquillizing and causing sleep; doses to be diminished when it passes rapidly through the bowels. In enteric mania, Pritchard gives the turpentine as an enema with castor oil: half a drachm, or a drachm only thrice a day, or bad effects. Warm bath valuable when intestines irritable, assisted by anodyne enemata. Diet to be nutritious; broth, milk, and farinacea, except when phrenzy-like excitement. Where great debility, animal food. Ale and porter good to allay irritability.

Percival says, in chronic cases, bowels often irritable and disposed to diarrhœa on every exposure to cold, or error in diet: serofulous and idiots most subject to it, and often result of mismanagement in early stages of mania: diarrhœa mostly takes place at the close of each fit; if pulse then irritated, a moderate bleeding. Pulvis hydragryr. cum creta, combined at first with rhubarb, and afterwards with Dovers powder, best remedies. A pill of opium, ipecac. pill. hydragryr. and carbon. ammoniæ, also very efficacious; warm bath every day at same time very useful. A light nourishing diet, not sparing as to quantity, assists in keeping patient quiet; suet dissolved in milk agrees well, and a little hartshorn when there is a disposition to acidity; dress and chamber to be warm. Principle to be, conducting through it, without increasing it by irritation of purges, or suddenly suppressing it. Voracious appetite relieved by magnesia and antacids; emetics most powerful, more particularly if in nauseating doses. Small doses of opium, with cicuta and blue pill, also useful, with the emetic occasionally intervened. Milk and lime-water best drink. Food should be substantial, and distributed at equal intervals during the day; animal food better than vegetable to supply the craving: half a pound of meat a day, and a small quantity of vegetables daily satisfy, and bowels become more regular. Use of emetics followed by opium and digitalis always succeed, when the appetite is unnatural. When from different causes an aversion to food, mild mercurial purges, the warm bath, frequent injections, a light and nutritive diet, administered by art or persuasion: if fever, v. s. and cold to shaved head; and mercurial purges with v. s. sometimes succeed, if cataleptic: here scammony and calomel. Medicines are often given with ease and safety in grateful liquids: sometimes food concealed by the keeper will be eaten.

Emetics formerly a favourite practice. Useful in cases with consid-

erable excitement, in small doses. Where great constipation, glysters of salt and water, with turpentine or other substances. Ascending douche of French been extensively useful—a tube into rectum, and water passed into it from a hogshead raised ten feet. Tartar emetic in small doses, to produce purging, frequently repeated, found valuable: some of the neutral salts, as sulphate of magnesia or soda, answer well; and after their operation, a dose of laudanum useful in quieting the system. If worms, anthelmintics: and when he refuses, cathartics. injections of tartar emetic, $\mathfrak{z}i.$ to $\mathfrak{z}iv.$ of water, as recommended by Drs. Chapman, Rousseau, and Valentine: or rub on the thighs and belly ointments of purgative medicines, as colocynth. With the French found to succeed, when nothing else will. The following much praised. R Extract. elater., gr. i., ad ii.; submur. hydrargyr., gr. v.; gum gambog., gr. v.; sapo. dur., q. s. Ut fiat suppositor. In periodical mania, bark or arsenic answers well; been tested in France and England, and greatest success from them: arsenic not to be continued at one time for more than three weeks, lest palsy be induced.

The author says, little reliance to be placed on narcotics. Editors say—Digitalis been much praised in France; many in England have also found it useful. Like all other medicines of same class, to be given when accession of the fit is characterized by great frequency of pulse, extreme mobility, and palpitation of the heart; if it runs off by the bowels, to be united with opium; with this forms a good anodyne, as also with tincture of hop. Dr. Hallaran thinks it constipating, and that it should be united with purgatives; preceded by calomel, it has a fine effect. Should be so managed as to keep the pulse about the natural standard. Noxious effects, as vertigo, &c., to be managed by stimulants: as ether, brandy, volatile alkali, and blisters to stomach and wrists. Tincture of hop and common table beer best vehicles of administration. When sleep is desirable, hyoscyamus or the extract of opium, better than opium, exciting the circulation less. Opium been given in enormous doses, with little effect oftentimes. Where restless, exercise and proper diet only will secure repose. Opium in furious mania hurtful. Cox used it externally. Hallaran mentions a case of recovery from two hundred and sixty drops of laudanum, in which sleep had been absent forty-eight hours: on its occurrence, it lasted twenty-four hours. Hyoscyamus preferable to opium, on account of its laxative effects; in small doses, and gradually increased, it soothes and tranquillizes: aconite and hemlock have the same effect; like opium, they constipate. Cantharides, begun in small doses, has altered the state of the system completely. Hallaran considers camphor of inferior power, and says with opium its continued use leads to idiocy: others contradict this; Dr. Wright speaks of its composing influence in mania and melancholia. Mr. Hill says he has seen the best effects from the following: R Camphor, $\mathfrak{z}ij.$; nitrate of potash, $\mathfrak{z}ij.$; acet. distillat., $\mathfrak{z}ij.$; mell. despumat. cum mucil. gum. Arabic., q. suf. et aq. fontan., $\mathfrak{z}vi.$ Dose, $\mathfrak{z}iss.$, quaq. tert. hora. Given on days in which emetics, as part of plan, not thought necessary, with best effects. Though it is certain that narcotics have failed, yet they have equally been of service. Hill gave, in cases of sthenic mania, as much as from ten to sixty grains of camphor thrice a day; and invariably with diminution of augmented excitement: thinks best time to commence its use, is after stomach has been subjected to an emetic: belladonna and digitalis occasionally substituted for it with advantage. Without determining the utility of this class of medicines, as

there has been great controversy on the subject, in their use, we should always bear in mind the excitability of the bloodvessels. In small doses they increase it; in large, Dr. Hallaran says a torpor of brain may be produced.

Author says the warm bath, in the hands of some modern practitioners, has been productive of very marked good effects, and concurrent testimony of several intelligent men has stamped it as a remedy of *general* and undoubted efficacy. Been found particularly serviceable in uterine or puerperal mania.* Cold bath, or bath of surprise, as equally commended by others; but few except the experienced can regulate the nice degree of its administration. Cold water may be applied by throwing it on the body by a pot, by sponging the surface, by sprinkling it as from a watering-pot, in a shower or stream let fall from a height: being modifications of the shower bath and douche. Exact application of cold bath in mania requires care, as from it sometimes the best, at others the worst effects. Not to be used in the plethoric, young, and recent cases, without previous depletion by venesection; nor then, without the system has been reduced, and the mania has become mild: Haslam says that he has seen palsy follow its use; purgatives to assist its good effect. Likely to be useful in chronic cases, if by its sudden application a reaction can be excited and the mind restored. On its usefulness, reports and opinions contradictory. Dr. Currie relates the case of a man excessively intemperate, and becoming maniacal from it, cured by being thrown in headlong. Van Swieten relates several of the same kind. Fodere states that he has seen mania cured by the cold bath alone. In the asylum of M. Guiant, at Marseilles, only additional treatment small doses of tartar emetic in whey; camphor internally and leeches, with frictions of camphor on the spine: of one hundred and thirty-one, half were cured in this way. With him (M. G.) it succeeded well where patient was furiously mad and vigorous: one cured, aged seventy-two. At first rendered more furious: afterwards so agreeable, that they requested its repetition. With the sad, taciturn, feeble, stupid, and when mania is of long duration, does not succeed, says Fodere. Cold has also been applied by ice in a cap to head. Good says, in 1783, in Germany; and in 1749, at Hallé, ice poultices were applied to the head, whilst the body was in warm water. At Salpêtrière warm baths form basis of treatment. When much agitated, every day, as long as able to bear it, from half an hour to two or more: to all kinds of maniacs: only a short time, and rarely to those with contracted chest, and who are plethoric, and disposed to apoplexy, as it produces a cough in the former, and spitting of blood and tendency to the head in the latter. The baths soften the skin, and calm the nervous system—assisted by laxatives and diluents, as barley-water, orgeat, lemonade, fruit, gooseberries, cherries, apples, and at meals water barely reddened with wine. Thus they treat mania of an excited character at the Salpêtrière, when it presents no particular indication. When the patient is languid, feeble, and without energy, the skin below the natural temperature, and faculties torpid; then especially proper: may be applied, by directing a stream of hot water on the surface of the head, thus acting by percussion and heat. Fodere says he has thus cured loss of memory with debility and stupefaction: to increase its success, he has used it in combination with aromatic herbs, as thyme, sage, and rosemary; or the water may be impregnated with salt. Used in

* Remainder of article from the editors, Drs. Potter and Colhoun.

this way, says several mineral waters have cured mania, of a warm and sulphureous kind. A trial might be made of the hot sulphureous springs in this country, or of artificial mineral waters. Warm bath particularly serviceable when the menses are suppressed, repeated every month, at stated times through the day; also to the hands and feet valuable, twice or thrice a day for an hour. Diet and medicine to correspond. When the warm bath is administered in those cases, should take camphor, musk, or other narcotic medicine. Frictions, with stimulating embrocations of essential oils and ammonia. Cologne water and camphorated spirit also—says Fodere. Bark and other tonics, at same time, internally. In mania from mercury, in venereal, or working this mineral, marked by taciturnity and moroseness, Fodere states warm baths to have been very useful; to be assisted by a milk diet, bark with opium, and antiscorbutics; baths to be in form of douches. When we wish to excite fever from the cold bath in low eases, diet to be nourishing and stimulating, as beef, sausages, wine, garlic, spices, and condiments of all kinds. Bath has been used to produce suspended animation, by plunging: about a minute or a minute and a half sufficient. Fodere recommends keeping patient under water one or two minutes: too dangerous, as shock sometimes produces epilepsy, apoplexy, and palsy; and as life has been destroyed by submersion for two minutes. Falling from a height, recommended by him, has often been successful: with proper machinery might be tried without endangering life; or by suddenly stopping Cox's swing. Cold water, internally, often been found useful in mania; highly praised by Hufeland; too little experience respecting it. May be given in large draughts, and very cold, frequently throughout the day. Blisters, setons, issues, actual cautery, common caustics, been recommended; good in some cases. Actual cautery, from best experience of modern times, only to be applied, when patient stupid, imbecile, and without excitement; will not suit, if great fever or action of brain; then applied either to head or back of neck with excellent effect. Blisters should not be used until action has begun to decline. Dr. Hallaran says maniacs, after recovery, have told him, that blisters early applied renewed their pains, and kept them up four or five days. Tartar-emetic ointment may, in these cases, be rubbed on the skin with good effect. Inoculation with itch and smallpox have cured it. May be valuable in all cases of repelled eruptions, when applied to the part they occupied. Setons and issues best to back of neck, and most useful in chronic cases, and where piles, ulcers, or eruptions have retroceded. Cox and others speak favourably of swinging in mania. Horizontal position best, as otherwise ecchymosis of eyes, which looks badly. Dr. Hallaran found it useful in periodical cases; in recent cases of mania, sufficiently evacuated by purgation, and when it was difficult otherwise to induce sleep. As a harmless punishment, calms the furious, and deters those from starving who are bent on it. Puerperal mania should be treated as the ordinary. Prussic acid has been used in mania with decided success; thought particularly adapted to that from suppressed secretions; with success, also, in hypochondriasis. Editor cured a case with it: appeared to act by inducing dyspepsia, to which patient had been formerly subject. Dr. Klapp uses emetics in mania from excessive and long-continued intemperance: to be given in large doses, and to produce full vomiting before they are effectual. In proportion as stamina exhausted, lose their effects: opium then to be resorted to, its dose to be increased, and that

of the emetic diminished, according to debility. During convalescence from mania, patient to live quietly, free from all bustle and noise, to avoid all excitement of the passions, guard against suppression of menses by cold, of eruptions, and ulcers. Causes and excesses to be avoided.

In nymphomania, a low, vegetable diet; cooling drinks; nitre in large doses; occupation of the mind; general bleeding; abstinence from wine and everything heating. At time of menstruation bleeding, laxatives, and diluents. In satyriasis, nitre, &c.

Treatment in the Hospitals in the South of France, 1830.

TREATMENT moral and physical. The most important physical remedies are v. s., baths, purgatives, and the use of artificial discharges, and they are chiefly useful in mania: whereas the moral means—cheerful occupation, &c., have a tendency to tranquillize the mind and withdraw it from its delusions, and are the most to be trusted in the various forms of *monomania*. In reference to the physical remedies, M. Bottex recommends baths—not “baths of surprise,” but tepid baths, in which the patient should remain for a length of time. These should be used frequently, and they may be most beneficially combined with the application of cold to the head at the same time.

The purgative, which is suited above all others for insane patients, is croton oil—of which a drop or two blended with honey or syrup, and then mixed with any fluid, may be easily given to any patient. When the disease resists the use of bleeding, baths, and purgatives, M. B. recommends that an issue be at once established—in the thigh in women, when menstruation is irregular, and in the nape of the neck in all other patients. He prefers an issue made with the cautery or with caustic to a seton, as he is of opinion that the very effort made by the part to throw off the eschar excites a powerful derivative influence. In some cases the antimonial ointment rubbed upon and around the scalp, so as to bring out a crop of pustules, has seemed to effect a cure, in cases that had resisted the employment of all other means.

The use of sedative narcotics, as morphia, digitalis, hydrocyanic acid, is frequently productive of excellent effects. Quinine also, especially in cases when the paroxysms seemed to have somewhat of an intermittent character, has been found extremely useful.—*Memoranda of M. Bottex, Inspector of Hospitals in S. France. Medico-Chirurgical Review. 1830.*

DR. CONOLLY says, that in one of the reports of Glasgow Lunatic Asylum, a patient is mentioned, affected with religious melancholy, and who had determined to destroy himself. The text, “No murderer hath eternal life,” repeated to him impressively and kindly, permanently checked him—not a solitary instance. Darwin mentions a lunatic, who long believed, without any cause, that he was insolvent: a list of debtor and creditor was made out for him, by which his affairs were shown to be, as they really were, in a very flourishing condition. By a diligent perusal of this, he got well. An absurd delusion has now and then been banished by ludicrous devices. A gentleman opposite a cobbler’s shop, had observed him

so often, that he was seriously alarmed by his unusual absence from his stall, and believed himself to have swallowed him: a violent emetic, cobbler's sudden appearance on the floor, and affected rapidity of escape, put an end to delusion. These devices often fail, and are sometimes disadvantageous. If a lunatic begins to talk incoherently to a person who has discouraged such conversation, he will sometimes check himself: and it is much better to avert his thoughts from a mad subject, than to converse with a patient upon it in any manner whatever: it is sometimes advantageous to require a clear and distinct utterance: keepers should be forbidden to mention a subject exciting gesticulation. The father of Dr. Samuel Johnson was prone to insanity whenever he stayed long at home, but was always relieved by a change of place, and by the occupations attendant upon his business as a bookseller.

ESQUIROL says, that the filthy in an asylum will require paved floors, and the suicidal padded walls.

COMBE.

OBSERVATIONS ON MENTAL DERANGEMENT, &c. By Andrew Combe, M.D. 1831.

In the cure of insanity, the action of cold on the head constantly had recourse to: and great success from it in subduing increased action, and calming the most violent and furious mental excitement. Case in the Medico-Chirurgical Review of a thief, who became insane from restriction to bread and water: cured by the administration of a modicum of brandy. A robust and plethoric young man came to reside at Vienna. No society there, and in a state of animal restraint unused to him. Soon fell into erotic mania; with continual erections, and an inflammatory swelling of the testicles. Latter affection regarded and treated as the cause. In three weeks no better; Dr. Gall called in, believed cause to be cerebellar inflammation. Leeches to neck, and other antiphlogistic remedies. Recovered perfectly in a few days. *Case of Nymphomania.*—A lady with inordinate desires from infancy; restraint in youth: gratification in after life: only increased in intensity. Found herself frequently reduced to the verge of madness. Left her house and the city, and took refuge with her mother in a secluded situation in the country; where absence of objects, greater severity of manners, and culture of a garden, prevented an explosion of the disease. On returning to town threatened with a relapse, and again took refuge with her mother. On return to Paris, as if in despair, complained that the most salacious images pursued her everywhere, disgust with herself, and that she could no longer escape madness or death. Dr. Gall pointed out as a cause, the enormous development of the cerebellum: and advised return to the country, avoiding all excitement, and leeches to back of head, as the only means of saving her. Frequent indulgence in such cases is no remedy against mania. *Case.*—Naturally cheerful, of lively imagination, and moderate in his enjoyments. Some conversations with a sombre and melancholy Methodist entirely changed his views. Renounced most innocent indulgences, became solitary, and regarded eternal suffer-

ing as his inevitable destiny. Sleeplessness, constant moaning, despair, and tendency to suicide. Dr. Perfect, assisted by a truly pious and enlightened clergyman, and proper moral and physical regimen, restored him to health and happiness. Religion rightly understood is rather a preventive than a cause of insanity. Agrees with Dr. Burrows, that it generally appears to originate in doubt between opposite doctrines. There is a less degree of doubt, which frequently, in connexion with constitutional disorder, gives rise, not indeed to regular mania or melancholia, but to a state resembling one or the other, in every respect except the above connexion, which is more obvious, more tractable, and less liable to occur. Measures for the amendment of the general health almost always restore mental vigour. Occurs chiefly in females of nervous, delicate temperament, at or soon after puberty. Has seen some instances of religious despondency, approaching despair, with great activity of devotional feelings, and not from doubts of the truth, but fears of eternal punishment. Such cases more common than is supposed.

Broussais says, that his disciples can cite numerous cases, in which bleeding, and especially leeches applied during several consecutive days, have cut short incipient mania, and restored patients to reason, as quickly as we see pneumonia or gastritis removed by bloodletting.

The ill-fed patients in Lombardy owe their mania to this cause. They are cured with wholesome food; so with similar cases elsewhere. In the asylum at Milan, cases of dementia from inanition, and which are cured by nourishing food, are not rare. When mania follows excesses of an opposite kind, it is cured by depletion and reduced diet. As preventive, alliances between predisposed families to be religiously avoided. If married, the offspring to be educated to ward it off: these generally nervous. Amount of their mental occupation to be carefully limited; never to continue it long, without intervals of relaxation and exercise: never to be permitted severe study or great excitement late in the evening; never to study immediately after meals. Great bodily exercise in the open air, bathing, plain, mild food. Profession to be such as will call their weaker faculties into action. Mothers to avoid excitement during gestation, for fear of affecting the fœtus. Faculties naturally in excess not to be exercised over much. Those exposed to its causes, will do much to ward off an attack, by regular, sound sleep. The moment the cause begins to excite sleeplessness by night, or restlessness by day, with an involuntary propension of the mind in one direction, it is time to take alarm, and, if possible, to remove or counteract it. If from excessive application to business, excess of study or continued anxiety, resort to timely relaxation, or removal from the scene of anxiety; particularly by abundant muscular exertion, often repeated, and by rigidly abstaining from mental exertion *at night*. Seen some striking instances of the efficacy of this plan, when on the very verge of derangement. Excitement of company and tea, sometimes here resorted to, may, if carried to any length, do harm rather than good, by over stimulation; but the society of persons whose feelings and pursuits are calculated to soothe those most excited in the patient, and to call others into action, is very beneficial. To prevent action of direct or functional causes, merely to carefully avoid them.

In treating insanity, must be governed by indications: in every case, first determine its nature, and then act accordingly. If the brain be very small, medical aid is powerless; and nothing can be done, except attend-

ing to the animal functions, and promoting the bodily comfort of the patient. If imbecility, or dementia from too debilitating a treatment in mania, or fever, or from loss of blood, or any other debilitating cause; use tonic treatment, and well-regulated application of stimuli, which may be successful after several years of marked fatuity: but if it comes on from disorganization of the brain in mania, it is utterly incurable. *Attention to the bowels, tonics, good diet, dry, warm habitations, pure air, exercise, rubefacients to the spine, setons, stimulating lotions to the head, aromatic baths, &c.*, constitute general remedies in curable dementia; each being selected with reference to the proximate cause. Long perseverance always advisable, where there is not certainty of disorganization. *Moras* to the head and neck have succeeded in removing dementia of considerable standing, in several instances; but use caution here, as being extremely energetic, and having even caused fatal encephalitis. From concussion, effusion of blood, &c., to be treated according to ordinary surgical and medical principles, in whatever form the mental disorder shows itself; whether as mania, monomania, or dementia. Dr. Spurzheim says that weakness of the bloodvessels often remains long after concussions, and gives rise to impaired vigour of mind: in such, found *cold lotions*, vinous and aromatic fomentations, useful. Blisters, vomits, ether, camphor, and opium, prove very hurtful.

Mania and monomania are generally the results of increased vascular action in the brain: in such cases, in young and robust subjects, bloodletting is often very beneficial; though, from its indiscriminate employment in all kinds of cases, it had, at one time, fallen into unmerited disrepute. Pinel almost proscribed it; Esquirol thinks it rarely admissible, and often hurtful: Spurzheim, Georget, Broussais, Frank, and others, think that it often requires discrimination to become valuable. When severe headache exists more on one side than the other, Esquirol strongly recommends local bleeding, by *leeches* to the temples, and behind the ears. Broussais not only applies them in greater numbers, but repeats them for several days in succession, and thus occasionally cuts short an attack. Combe has seen the best effects from cupping and then leeching, where there was great restlessness, with fulness and redness of the integuments, and other unequivocal signs of vascular excitement: in one instance, delusion of several weeks' or months' standing, was removed in a few hours, and the expression of face entirely changed. Where, as is occasionally the case, the pain or heat is in one spot on the head, more than elsewhere, leeches to that part will often relieve it. Phrenology facilitates the discovery of such. Has seldom had occasion to recommend general bloodletting in pure insanity; but has observed more decided benefit from repeated and free local bloodletting than any other means; and therefore consider it, with a suitable regimen, and other auxiliaries, as an extremely valuable remedy in vascular cases. Difficult to distinguish these; violence and the pulse of little import. But when manifest symptoms of general plethora, in the young, robust, or sanguine, or in females at the critical period, or in those who have lived freely and taken little exercise, or had some customary discharge suppressed, or been exposed to some cause productive of fulness; not resorting to depletion and evacuations diminishes chance of recovery, and leaves patient exposed to risk of apoplexy, or organic and incurable disease. In public institutions, bloodletting, local and general, now much more employed than formerly, and with marked increase in num-

ber of cures. In the Lancaster Asylum, Mr. Davidson has found it very beneficial. Dr. Burrows condemns general bleeding, which, as has often been remarked, is not well borne by maniacs: his testimony, therefore, with regard to the local more to be relied on, says that he does not recollect a single case of any species when recent, in which *bloodletting* from the head or neighbouring parts has not been distinctly indicated; and as long as fresh excitement continues, even though simultaneously, tonics necessary. By this practice he cures nine out of ten. When any of the natural evacuations are suppressed, the French physicians often direct *leeches* as near as possible to the part, and they say with the best effects. In vascular cases also, *cold applications* to the shaved head, of primary importance. *Laxatives, mild diet, quiet, seclusion*, and absence from *stimuli*, such as too much *light, intercourse with friends*, and all other causes of excitement, mental and bodily, are all highly useful. *Consistency* in selecting remedies, and due perseverance in the plan laid down, absolutely essential; and therefore, blisters, opium, and all irritants, to be avoided, till vascular action is reduced. Esquirol recommends laxatives one day, and warm bath the next; he found this method very successful in relaxing the skin, and soothing excitement. Thinks a full dose desirable: and found mild, *saline laxatives* answer best in the sanguine; of a warm, aromatic kind in the lymphatic; and *laxatives with antispasmodics*, in the nervous. After fourteen or fifteen days' perseverance, he recommends an interval of eight or ten days before resuming the same measures. He advises an abundance of nourishment, when drastics are used. When a dry state of the skin, restlessness, and violence, thinks that great benefit will accrue from the warm bath, taking care that it be not too hot. In the Salpêtrière, he orders it to be continued about two hours, and sometimes as long as eight hours daily; and never finds it induce debility, when forty-eight hours elapse before repetition. *Cold applications* to the head, while in the bath, he considers beneficial. He rarely resorts to cold bathing, in any form. Combe has seen the warm bath on a smaller scale, and from this, thinks it a remedy of great power: now pretty much used in British asylums. As a preventive, and in procuring sleep where narcotics cannot be given, thinks it very valuable. Mr. Davidson says, that in the Lancaster Asylum, a bath at 85° was used twice a week, as a means of cleanliness, for all the patients, and with excellent effect: and as a remedial agent, the cold, or tepid shower bath, in common use, after local depletion, in vascular cases; and its effects in diminishing increased action, reducing heat and restlessness, and soothing the patient, very marked; and unattended by any bad consequences, either of reaction or anything else. From its utility and safety under such circumstances, it is to be repeated whenever indications reappear, occasionally, as often as three or four times in the twenty-four hours. While the acute stage continues, seclusion and abstraction of stimuli must be insisted on; but when that period is passed, exercise in the open air is an auxiliary of the first importance. *Antimony* in nauseating doses, *emetics, digitalis, calomel*, and *opium*, and a variety of remedies have been employed; but the ordinary principles of therapeutics are to apply to them.

Different kinds of diet in different kinds of insanity. Depending on increased action, especially at the commencement, the food is to be reduced in quantity, and to be of the plainest and mildest articles; avoiding animal food, wine, porter, and everything else that heats, excites, or

irritates. Milk, farinacea, eggs, light-bread pudding, and similar articles, are alone admissible. After excitement has subsided, be careful not to delay too long, returning to a more nourishing diet. In short, the same principles apply to the brain, as to other bodily organs. Moral means, as Dr. Ramsay observes, are preposterous, as the sole, or even chief remedy, in madness from a physical or corporeal cause.

There is a species of cases mentioned by Dr. Abercrombie, liable to be mistaken for mania, or in females for hysteria. *Case.*—Æt. 58; recovering from her eleventh accouchement; at end of fortnight a deep-seated hard swelling in right side of pelvis, tender to the touch, and accompanied by considerable fever. After repeated topical bloodletting and other remedies, this subsided and lost its tenderness; progress of abatement, however, very slow. After three or four weeks still confined to bed, and suffering a great deal of uneasiness; pulse calm, but she was considerably reduced in strength. One day alarmed and agitated by some family occurrence, and after a restless night, next day very highly excited, talking incessantly, screaming and struggling, with a wild expression of countenance, and a small, rapid pulse. Treated by topical bleeding, laxatives, cold to head, &c., but with little or no benefit. Next day he found her sitting up in bed, with an extremely wild look, with her hands in constant motion, talking incessantly and wildly; had done so for twelve hours. Pulse now rapid and feeble, and countenance expressing great exhaustion. He had found such cases generally fatal; advised stimulants. A glass of wine, with evident abatement of symptoms; ordered to be repeated every hour. At end of fourth, perfectly composed and rational; pulse about ninety, and of good strength. In several other similar cases, obtained equal success. Chief difficulty in telling them. They are those in which excitement is accompanied by a small, rapid pulse, with paleness and apparent exhaustion. With these, however violent the excitement, he has given stimulants. In cases of common insanity, with paleness and weakness, and a *natural pulse*, not the same benefits. Asthenic cases are like delirium from irritation in fever, after excitement past; and require tonic treatment. After fullest depletion in mania with increased action, alienation often continues unaltered for several months, and is only exasperated by perseverance in the same treatment; while alleviated and cured by nourishment, tonics, exercise, and mental occupation properly regulated. Not a due supply of food in this state, is followed by decided aggravation of insanity, and often incurable fatuity. Esquirol says nothing contributes so much to the nocturnal quiet of asylums, as allowing food and drink during the night to those who really desire them. Hence now a liberal supply in most asylums to patients. Dr. Spurzheim says the cure of the asthenic state is to be attempted by tonics, and a nourishing but not stimulating diet, avoiding spirituous or other stimuli. Frictions on the head, with volatile liniments, ether, and cold lotions, thinks very useful; and bitters, sulphuric acid, and bark do great good; but tea, coffee, and wine to be avoided. Regular exercise out of doors, and employment of mind within, with an occasional tepid bath of short duration, and in warm weather the cold bath, with steady friction on the surface, of great importance. It is chiefly when dependant on irritability of the nervous system, that tonics, antispasmodics, henbane, opium, columba, iron, bark, &c., are serviceable when occasionally administered, and the bowels are attended to. Even a copious draught of cold water during a paroxysm, sometimes acts

as a sedative, and gives speedy relief. Agreeable exercise, change of scene, and employment suited to strength and habit, greatly assist. This variety most like common nervous affections, and to be treated by the same rules.

Moral Treatment.—A patient should never be sent to an asylum, if the means of treatment and probabilities of restoration are equally great at home. If such as to require that constant watchfulness, and decided control, only to be obtained in an asylum, then he should be sent to one: the feelings are less outraged by restraints from strangers; and maniacs, very turbulent in their families, thus become submissive with strangers. If causes, or morbid associations, or hatred to any one, exist in the sphere of the family circle, then also removal is good. A new impetus is given to the thoughts, by change of scene, and kindness of strangers. But even with these characteristics, he is better in his own house, or a hired one, with a physician and strangers; where the cause is purely external, where there is assistance at the commencement, and no strong hereditary taint: for no oppressive and dangerous recollections of confinement in an asylum, calculated to injure after recovery, will then exist. But if it be a case of long standing, and chiefly from mental tendencies and constitution of the patient, then an asylum is best, from the superior moral and medical means. When the period for active measures has gone by before medical aid is used, then moral means are everything: these embrace everything acting directly on the mind; its various faculties of sentiment, propensity, and thought. If very recent, or the speedy result of powerful causes, acting beyond the family circle, and in no way connected with relatives; or if from a temporary and curable bodily disorder; then, not to be removed until a fair trial of proper means at home; for his feelings will be painful when he finds himself in a madhouse: disease has often been fixed in this manner.

If the disease be characterized by excitement of any particular organ, as veneration, or cautiousness, everything appealing to it is to be scrupulously avoided. If in a patient, secretiveness and cautiousness are large, with predominant animal organs, good intellect, and only moderate moral; however correct, plausible, and rational, he is dangerous, and demands the closest watching and superintendence. Mildness, tact, and firmness avail, even in the midst of fury; and by these, have seen an individual lead quietly away a patient, who had resisted for hours the united efforts of the strongest men. In every case, there are glimpses of reason, and tendencies to right and sound action, which should be encouraged; therefore, the association with sane persons of intelligence is beneficial: the more nearly we can treat them as sane persons, the greater will be our success. We should never deceive them, or utter an expression which we would not use if they were sane; as they are acute in detecting deceit, and a single instance would be injurious to both parties: never fail to perform a promise, lest confidence be lost. Should consult his feelings, and show an interest in his comfort, happiness, and recovery; while removing every offending cause, and procuring every enjoyment and interest of society, occupation, and exercise, to be appreciated by the patient. In the Connecticut Retreat, Dr. Todd, who has obtained the greatest success, follows a system, marked in every step by kindness, openness, and candour; every effort being made to gain patient's sympathies, and connect them, by feeling and affection, with society. A committee of ladies and gentlemen make frequent and long

visits of active kindness and humanity. This is the most direct and powerful way of calling the mental functions and organs into action; it diminishes, too, the shyness and distrust of insanity, and shows the patient that he has friends. In choosing moral measures, a superintendent should beware of taking only those which, on account of his particular tastes, seem to him most powerful. Each patient should be treated in this respect as his disease indicates: hence, from not attending to this, the discrepancies with regard to music, religious services, &c. In hypochondriacs, and cases involving less degrees of mental disorder, we daily see good done by the cheerful conversation and encouragement of a sensible friend, who has the tact to withdraw the patient's attention from his delusion. Travelling and change of scene act thus. A great principle in moral treatment, is the giving exercise to the undiseased mental faculties and cerebral organs. In several reports of the Dundee Asylum, the erection of sheds and workshops is strongly recommended; stating their success in the best Continental and British asylums. A bowling-green and billiard-table are provided in this asylum for the upper class of patients. In James Murray's Royal Asylum, at Perth, in the Lancaster Asylum, and in many others, efforts are made to employ the patients in husbandry, gardening, and other exercises; and with the best effects. In the Lancaster, those of the lower class are required to make their beds, keep their rooms clean, and such like duties. In inducing them to work, much may be done by perseverance, by well-timed appeals to their sense and reason, and especially by example: the co-operation of sane persons is admirable in acting through the latter mode. After the early vascular excitement is subdued, leaving restlessness, sleeplessness, &c., nothing is so decidedly a sedative as abundant and often-repeated exercise in the open air: though too early in the disease, it is injurious. *Case.*—Blindness, and a state bordering on derangement, from excessive study, and anxiety to pass a good examination. After acute symptoms were reduced by depletion, &c., removed to the country, and kept constantly in the open air, and the mind unemployed. His mind became confused on reading even a page; restlessness, &c. Whenever attention to a book gave way, he was desired to resort to exercise, from which he found so much benefit, that he would walk fifteen or twenty miles a day; and before many months he was perfectly restored. Has known the same method equally successful in ordinary derangement: has received strong testimonies from patients, of the comfort, subsidence of irritability, and increased power of attention from it. Hence, excursions with other means, are so good, particularly in a hilly country. Mr. Mackintosh, of the Dundee Asylum (it is mentioned in the report for 1830), found that in all the most celebrated British asylums, and in France, at the Salpêtrière, Royal Lunatic Asylum, and Esquirol's private asylum, at Charenton, employment is more or less resorted to as one of the most powerful efficient in the cure: in one of them, in particular, so much benefit has resulted, as to render restraint and confinement seldom necessary, and to give a freedom scarcely less than that of a person uncontrolled. During lucid intervals, they are permitted to attend different churches, to go to town occasionally, during the week, and to take short excursions in the neighbouring country, with or without an attendant. None attempt to escape; and this happy condition is attributable to useful occupations, and healthy amusements, regularly and systematically pursued. Dr. Abercrombie mentions that in hypochondriacal cases, he has found

nothing so useful, in point of mental discipline, as the study of a regular course of history, the leading events being distinctly written out, with the proper dates. By this, he has often succeeded in preventing development of insanity: repeated application gradually caused fixed attention. The course of reading may be varied according to the taste of the patient; but is always to be conducted on one principle—steady regularity. With this, certainly, combined with other measures, mental discipline is often very beneficial in the above cases. As Dr. Spurzheim remarks, it is of immense consequence to have subdivisions for proper classification, both in the house and in the airing grounds. The furious, noisy, and dirty, as he says, should be placed near the superintendents, and not far away, as is usual. The division for the tranquil should be at a distance from the former, that they may not be incommoded by noise, dirt, &c.; and should be surrounded with walks, airing ground, or garden; and amply provided with means of recreation and employment. Convalescents should be entirely separated from those under treatment, to prevent painful reflections. Occupation is essentially necessary for these; and workshops, gardens, &c., should be attached to their division, to suit the taste of each one. There is a point at which the mind of the insane should be touched, on the subject of insanity, but is difficult to find it out. The benefits from religious observances are great or otherwise, according to the character of the patient; and the services must be suited to it. The violent and idiotic, of course, derive no benefit; but between these, there are many intermediate degrees of insanity. Even in religious melancholy, where there are usually false views, more cheerful ones from a preacher, addressed to many, are apt to do good, as being general, and not particular. In the tenth report of the Dundee Asylum, the directors say that despondent fears and maniacal horrors are oftener the consequences, than the cause; and they ask if there can be a more probable cure for such feelings, than the comforts of Christianity, judiciously enforced. In the Glasgow Asylum, regular Sabbatical instruction has been found to be one of the most efficient means of treatment; and its directors think this solemn breaking in upon daily routine is advantageous. All are silent and composed during the time; and other institutions give similar testimony. The experienced direct a judicious selection of patients; but a large majority are fit subjects. In the sermon there must be no depressing views, or abstract questions.

SEYMOUR.

OBSERVATIONS ON THE MEDICAL TREATMENT OF INSANITY. By Edward J. Seymour, M.D., Physician to St. George's Hospital, &c. 1832.

Case in St. George's Hospital. Patient had suffered from acute rheumatism, and heart been attacked by rheumatic inflammation. When appeared to be convalescent, violent maniacal symptoms suddenly arose, with the prevailing fear that he was doomed to expiate, in prolonged tortures, crimes probably imaginary. Local depletion in region of heart, and constant application of ice to head for many successive days removed symptoms, and he was restored. *Case.*—Æt. 30; mild disposition; clear and calm intellect; while occupied in arduous professional duties, induced to rub in a large quantity of mercury for a syphilitic disease

recently contracted; violent delirium and salivation nearly simultaneously. As no inflammation of brain, Dr. Roupell gave brandy, opium, and diffusible stimulants, admitting cool air. Recovered by degrees, but mind still excitable. Visited Paris during the tumultuary period of 1830; mind speedily again disturbed. Restraint, and little more than air and exercise: in about four months completely restored. Reil mentions the case of a lady who, in daylight and with her eyes open, thought that spectres followed her everywhere. Once hurrying to catch one of them, her nurse applied her hand over the eyes of the patient, and she immediately became rational: disease returned when the patient was in a bright light.

All persons who have managed lunatics, advise removal from home. Pinel says, to be separated from every object reminding him of cause of disease. Relates this *Case*.—A merchant, melancholic from deep distress, placed in Bicêtre; rapid progress to reason; learned that his partners had appropriated a portion of his fortune; and a woman visited him having on ornaments formerly his. Sighed deeply, relapsed, and deep melancholy changed by degrees to violent and incurable mania. But cases may exist, in which there may be great benefit from returning to those very objects about which mind apt to be confused. Dr. Gooch says when disease has lasted long, when she expresses a wish to see some near friend, when she entertains illusions which the sight of some one may efface, the admission of such a person is worth the trial. When the patient is recovering or recovered, he does not recommend these measures; but when not recovering, and not recovered; when month after month passes without amendment, and the delusions take a shape accessible to moral impressions, then he would advise an interview with a friend. Are cases in which restraint is absolutely necessary, especially among the lower classes, who would otherwise murder one another. Dr. Heberden says, when a person is so deranged as to be inattentive to the calls of nature, cribs and straw the most comfortable way of placing him; more so than a down bed, and all the curtains and apparatus of a fine bedchamber. Says those in the worst state must be confined at night by a manacle around one wrist, and attached by a chain to one side of the crib. In warm weather, the strait waistcoat is oppressive and irritating; and gloves rub; this is the common mode of confinement; but he prefers handentils, their polished surface not rubbing. Only extreme cases require more coercive measures than above. Celsus says wrongly, "*Ubi perperam aliquid dixit aut fecit, fame, vinculis, plagis coerendus est.*" On analogous principles, Pinel says a monastic institution of renown was conducted in the South of France: a superintendent went each day round the cells; if a lunatic acted extravagantly, was boisterous, refused to go to bed or eat, he was told to alter his conduct, or the next day have ten stripes. This was always punctual, and if necessary frequently repeated. Not remiss in recompensing docility and submissiveness; if so, they were permitted to take food in the refectory, by the side of the governor. Any fault at table was instantly corrected with a blow of a stick on the fingers; and it was added with calm dignity that he had done wrong, and should be more careful.

Haslam says confinement must not be too indiscriminately persisted in; for, in many instances, worldly intercourse has dispelled illusions, which a protracted confinement would, perhaps, have added to, and confirmed. In its passive state, has been known to wear off, by the patient's

enjoying his liberty, and returning to his usual occupations, and industrious habits. Employment and exercise are the best moral remedies: all of great experience agree on this subject. Mr. Finch, of Laverstock, was led to devise methods to employ the rich, from their success with the poor. Mr. Bakewell, of Spring Garden, in Staffordshire, thinks labour might be highly beneficial in the cure, and productive of the best effects to physical health. Medicine can restore the body, but hallucinations of mind must be cured by employment, and diverting the thoughts. Bodily exercise is not equally applicable to all cases: preferable in monomania, because it promotes the sluggish circulation of the blood to quickness, as *venæ portæ* particularly. In mania it is of the greatest importance during lucid interval and convalescence; even during a paroxysm, if the patient can be exercised to weariness; calm, tranquillity, and sleep, not unfrequently ensue. Affections of the mind have been found of great service in the cure of melancholy: in the better classes of society, especially females, tending domestic animals, as dogs, cats, rabbits, pigeons, has been followed by a sensible amelioration. At Quakers' Retreat, near York, observed these means to be resorted to in great variety.

If, on accurate inquiry, the patient has been exposed to causes sufficient to produce inflammation of the brain; if redness of countenance; injection of conjunctiva, and heat of skin very early in the disease; use antiphlogistics with bloodletting, principally from the jugular vein: in such, and probably only in such, mercury to affect the system, may be employed. *Case.*—Æt. 30. On a sofa; greatly agitated; complaining that he had committed a great crime, and was the object of a conspiracy: complained of pain in the head, and would not permit me to feel its temperature; pulse quick and oppressed. Bleeding; first borne very ill; but second, to xxvi. , attended with some relief. Cold applied frequently to the head, and cupping every day, for several days; during which, he took calomel every four hours: as the mercury began to affect the mouth, a visible change in his mind, which gradually increased; and he entirely recovered, without an after relapse. Only a few cases like this, where mental disease is in consequence of increased vascular action. In nearly all cases, the functions of the brain are increased in force, while the circulation is depressed, and extremely quick and feeble, and action of the heart gives way at the smallest abstraction of blood; and yet, it is often attended with raving delirium, great increase of muscular force; and they are termed high cases. Consequence of the above practice, more frequent returns of the high stage, or sinking into dementia. To inquiries constantly made by Pinel, of patient's relatives, in relation to previous bleeding, the constant reply was, that immediately after it, they were worse. He says two young persons arrived the same day, of similar age and temperament; one had not been bled, and was cured in two months; the other had been copiously bled, and was cured in nine months. Saw a melancholic patient, who had been bled five times in the foot, three times in the jugular vein, and had fallen into such a state of stupor and debility, that she passed several days without taking any nourishment. Dr. Haslam says that bloodletting is useful only in very early stages of the disease; and he then prefers cupping. The experience of Pinel is decidedly against this practice.

What he relates, derived from Mr. Beverly, superintendent, and Mr.

Philips, resident surgeon of Mr. Warburton's house, the White House on Bethnal Green, containing four hundred patients.

They say the number admitted with vascular excitement, requiring bloodletting, very few indeed: seldom or ever use the lancet in cases of excitement, if there is no evident effect on the brain from increased arterial action, so as to cause fear of an approaching apoplexy or paralysis. Have done so in several without such symptoms; and the patient then became reduced from loss of blood, and the excitement not abated; powers of the constitution gave way; tongue became typhoid; patient sank into a state of collapse, and died. The author presumes these to arise from nervous energy, and not arterial, and hence bloodletting is not useful.

Hence the necessity of seeking other means to allay inordinate sensibility, principally in dementia. These remedies are various—

Cold in three ways; ice, shower bath, and douche, graduated to the strength of the patient. He found ice very beneficial in typhus, in proportion as the delirium approached to maniacal. Similar effect from shower bath, in cases of early excitement. *Case.*—Æt. 30; small, and of light complexion; had been studying hard, and constantly in one room; was attacked with furious mania; thought that he had found out perpetual motion, and that he could make the sun stand still; pulse very quick, 120, and small; pupils contracted; imagined he could reach everything he saw, and grasped at them; incessantly talking; tongue furred, and dry. Required six keepers to take him to the shower bath; with difficulty persuaded him to go in, by saying it was a sentry box: shock unexpected, screamed, and held his breath until over, knocked the door to pieces and stepped out: immediately secured, rubbed dry, and put to bed. A little refreshing sleep during the night; next morning vowed vengeance, and could not be persuaded there again; had to carry him confined; bore the shock better, taken out, rubbed, and put to bed. Slept better, tongue appeared cleaner, and was not so violent; bowels open; begged to be released from confinement; granted. Took a little exercise; put in the bath almost without difficulty; sleep returned. Calomel and colocynth. More rational; asked what had been the matter; thought he had been asleep, and in the evening begged to go in the bath, and have more medicine. From that time tranquil; mild aperients; discharged in a fortnight from admission. Had several cases nearly of the same nature, in which the shower bath proved valuable in its results. Clear, then, says Seymour, that it is particularly applicable to cases of dementia. The douche is little employed in England: Pinel speaks of it in high terms; uses the douche and warm bath with great efficacy. In each bath, overhead, the stream must be three feet high, and graduated by the circumstances of the case; but generally very small. The douche is administered at nearly the end of the bath, and during a few minutes; omitted as the disease declines, and during convalescence; but resumed at the approach of an accession of mania, or when it has already broken forth. If the excitement is moderate, only let drop by drop of cold water fall on the head. Cold plunging bath is recommended by Van Helmont: now unemployed in England. As cold is greatly beneficial in mania, a corresponding effect from warm in melancholia. He was told at Charenton and at Quakers' Retreat, that more marked advantage resulted from this, in cases of melancholy, than from any known remedy. Mr. Tuke stated to a committee of the House of Commons,

that it is used more medicinally than the cold bath, and has been found to be very beneficial, particularly in females. Dr. Guislain gives his important testimony to its efficacy, especially where lunatics refuse nourishment. Probably more advantageous to foreigners, as being used to it from infancy.

Discharges on the scalp, with blistering substances or escharotics, have been strongly recommended in chronic cases, both of mania and melancholy. Dr. Jenner thought he had cured cases by pustules on the scalp. Seymour knew a case of mania, after continued fever, cured by this twice repeated: symptoms disappeared with the second crop. They have used (Messrs. B. and P.) blisters to the inside of the thighs and calves of the legs with advantage. Tartar emetic, as an emetic, in melancholy; and a nauseant in mania. In doses of two or three grains, given internally every hour, worth noticing, in patients subject to violent paroxysms, particularly who have increased vascular excitement, with great restlessness. He generally complains of nausea without vomiting, becomes languid and quiet, rests better, appetite improves, and in a few days is trusted out of confinement.

Opinions with regard to opium very various, but easily explained. Where vascular excitement exists, with increased sensibility of brain, restlessness increased by opium. Where perverted perceptions from disorder of the functions of the abdominal viscera, its constipating and diminishing the secretions, render it obviously hurtful; and in some constitutions it is a poison. From real and theoretical objections, there has therefore been a search for other sedatives. Opium often removes from the imagination of the maniac his supposed iniquities. Van Swieten particularly approved of opium with vinegar: he says a maniacal girl swallowed by mistake a scruple of opium mixed with vinegar, and was cured. Vinegar has been considered by some very efficacious. Morphia has been exhibited by persons of very extensive experience, with the most complete success. Judges favourably of its efficacy from his own observation. Messrs. Beverly and Philips have found the acetate of morphia useful, in both the excited and low form of insanity. In cases of fixed delusion, but not of any great standing, and more useful in the low than in the excited form of the disease. Of five cases of melancholy, three got well, and two certainly improving. Of five cases of excitement, two discharged cured, one remains much improved, two received no benefit. Others without benefit also. Not the same good effect in excited as in other cases, unless an occasional interval of reason. *Case.*—Æt. 36; four children; depression of spirits while pregnant with the last. Immediately after quickening, a strong desire to destroy herself and her children: continued during pregnancy. After delivery, worse; attempted suicide several times; and described her feelings, which is not common in such cases. Continued so, and had a strict watch. Sent here two years ago: about noon all suicidal feelings left her: this occurred within the last three months, since which remained all day. Various means, ineffectually. At first, from regularity of attack, treated it as an intermittent. About a fortnight ago, morphia. Began with $\frac{1}{4}$ gr., and gradually increased to $\frac{1}{2}$ gr. After second dose, $\frac{1}{4}$ gr.; slept all night; in the morning cheerful, and without suicidal propensity. Fourth morning no return, and well until the fifth day, after the half-grain dose had been given, when there was a return from 5 A.M. until 9, three hours shorter than any former paroxysm. Now free from all suicidal

feelings. *Excited Case.*—Æt. 36; highly excited: a widow; mother of four children. Much excited, and constantly talking; tongue dry; pulse very quick; skin moist; tore her jacket and clothes to ribands; refused her food, and would swallow nothing without force. A pint of porter ordered daily, with beef tea and arrowroot: these necessary to prevent collapse from excitement, and death. All efforts unavailing in giving her food. Tried morphia. First night no effect; screaming until morning; next day refused food, and excitement unabated; porter and arrowroot swallowed with some difficulty; morphia increased to $\frac{1}{4}$ gr.; no noise during night, and appeared drowsy in the morning; answered when spoken to very incoherently, and excitement continued; porter and beef tea given with less trouble; medicine repeated; slept well during night; appeared, on questioning in the morning, to have a slight return of reason, such as to inquire where she was; took her food better; tongue moist; pulse not so quick, and bowels open. Two pints of porter, beef tea, and arrowroot, as usual. Medicine repeated at night; slept very well; more rational; began to cry; took her food much better; drank her porter, and appeared to relish it. Admitted in February. Medicine nightly repeated, to March 6th, when she was perfectly well, apparently; employed herself, and was discharged the fourteenth of April, cured.

On inquiry, find morphia's good effects still continue at the White House. The inuriate now preferred, and said to produce less nausea than the acetate. Dose, $\frac{1}{4}$ gr.

Extract of hyoseyamus niger, in full doses, of great reputation in Europe; is the preferred sedative; its being a mild purgative, the cause of its being employed by many practitioners in England. Believed to be less stimulating than opium; perhaps so, but surely far less effectual a sedative than opium. Dr Fothergill, the only celebrated English physician, speaking of its efficacy: thought he had cured puerperal insanity by it, in five grains two or three times daily.

Thinks belladonna well worthy of trial in mania, especially that from moral causes, and attended with pain and increased sensibility of brain. Thinks sedatives the class of medicines from which most good will hereafter be derived.

Learns that Dr. Alderson, of Hull, employed with advantage hydrocyanic acid. Thinks the liquor arsenicalis might be beneficially employed in proper hands.

In female cases, especially those approaching to hysteria, the fetid gums and antispasmodics been principally used; and doubtless such means properly administered, tend materially towards a cure. Of all diffusible stimulants, camphor has a peculiar reputation. Dr. Perfect relied on it in numerous cases. In one hundred and eight, conceives patients to have derived essential benefit from it in the solid form. *Case.*—Married; melancholic; complexion pale; eyes red; tongue dry; pulse small, hard, and irregular. After bleeding and vomiting, camphor \mathfrak{ssj} . morn and evening; an eruption all over body; catamenia returned. Nitre added to the camphor; and she recovered completely.

Purgatives from all antiquity greatly praised; above all, helleborus niger. In the present state of knowledge, many other purgatives far preferable to this. Moderate and frequently repeated purging appears, as far as he can collect, to be useful in monomania. Croton oil has been administered after bloodletting in diseases of the brain, both in acute

and chronic cases, with the greatest possible good effect. Dr. Abererombie testifies its derivative as well as purgative effects. A drop in a little jelly to cover its acrid taste: in pills appears to lose partially its beneficial effects. Messrs. Beverly and Philips say they think purgatives of the greatest importance. Not tried drastics, but courses of mild purgatives advantageously in melancholy. Where there are here a very languid circulation, sluggish absorbent system, furred tongue, and swelled legs; a course of laxative medicines, with gentle exercise, of great service: exercise generally enforced if not willing, by two assistants taking them by the arms, and obliging them to walk; morphia and other medicines more improving with such a course. *Oleum terebinthinæ* recommended in epileptic and hysterical cases, by Drs. Latham, Percival, Thomas, Young, and Pritchard of Bristol; not ordinary practice. *Case* in St. George's Hospital.—Æt. 15; never menstruated, nearly idiotic; unable to speak or take notice, except when struck with some glittering ornament; when she expressed her surprise by remarkable and violent gestures. Pulse quick and weak; great pain in the head; skin cold. *Ol. terebinth.*; *ol. ric.*, ãã., ʒij., every morning; in a fortnight recovered the use of her senses, but remains in a weakly state of body, and the catamenia have not occurred. Now able to take steel.

Full diet, and even considerable quantities of stimulants, often productive of the utmost advantage in high cases: though theory led formerly to venesection and low diet. That from childbed or nursing, Dr. Gooch shows clearly to be relieved by tonics and antispasmodics, and restorative diet.

Small bleedings useful in mania from chronic disease of the heart, and steatomous or bony depositions in the smaller arteries of the brain; fatal in the frequent cases connected with hysteria.

A N D R A L .

PREVIOUS to Pinel, rigid and severe imprisonment; they were beaten unmercifully, ill fed, ill clad, nay, often laden with irons. But now the visiter to our lunatic asylums is astonished at the scene: the inmates ramble over extensive grounds, they converse with each other, they pursue their occupations. In all our measures, we should endeavour to bring the insane individual under the operation of a suitable social system. The governing principle being the fact of his consciousness of the difference between right and wrong. We must be just to him, temper kindness with firmness, and never ill treat him. Thus will much be done towards gaining his confidence, an important point.

Authors much divided as to bloodletting before Pinel. He went farther than others in stating it to do positive harm. There are indisputably many cases in which it is useful. Must not be too free, however, as Rush was. Moderate bleeding is very useful in certain phases and periods of insanity, and in certain suitable constitutions,—at the commencement, for example, or when acute and severe—when the conjunctivæ are injected, the pulse frequent and full—when, in maniacal females, exacerbations occur at the menstrual period, the secretion being suppressed.

Effects of bleeding twofold: first, arresting the disease at its commencement; secondly, calming and moderating exacerbations during its course. Must be guided in its application by the age, sex, and constitution of the patient, and by the nature, gravity, and mode of commencing of the symptoms. These remarks apply to arteriotomy and venesection. As to leeches, they are to be preferred in a majority of cases. Cupping and scarification are also of peculiar use in certain cases. Simultaneously with bleedings, or without them, other modes of treatment, and other remedies may be employed, as the tepid hip bath, foot bath, &c. Formerly, not unusual to order cold baths, and to compel patients to stay in them from one to four hours; this cannot be approved of. Cold applications to the head have been greatly extolled; these are of different kinds, of which the *douche* holds the first place. The cold *douche* may be of various kinds; for example, the *arrosoir*, or watering-pot—a multitude of fine streams of water with gentle impulse, or a jet of a single stream of greater volume and velocity, or the shower bath; these means less used now than formerly. In many cases they were found to do infinite mischief, in others they were perfectly useless: they torment the patient, and sometimes drive him to a state of fury. *Cold sponging*, notwithstanding, seems, in suitable cases, to be a very valuable remedy. Esquirol relates the case of a young man who became suddenly and violently insane, and cold sponging was used; he first became restless, then calm, was next seized with a rigour, and the pulse became very small; in this state he fell asleep, and whilst so, a profuse perspiration broke out: he slept for several hours, and then awoke in the full exercise of his reason. Cold may also be very effectually employed by means of ice, whether in substance, or in recent solution. Sponges of iced water, for example, may be applied to the head; or pounded ice in some envelope to prevent mechanical injury. A double cap of oiled silk better than the pig's bladder usually employed: cold too partial from the latter; moreover, the patient cannot so easily displace the cap.

Purgatives were regarded at one time as absolute specifics; his experience that they are very useful. May be employed in either of two ways: in strong doses, and at sufficiently long intervals, or in gentler proportions continued every day for a certain time; always taking care not to carry this irritation so far as to run the risk of a gastro-enterite. Require selection, on account of difficulty in getting the insane to take any remedies. A good way is to put calomel on their bread and butter, or croton oil in their soup.

Thinks emetics must tend to produce a cerebral congestion, and thus generally do mischief; but in some cases of chronic madness, where no symptoms of high vascular action exist, they are certainly of occasional utility. In *puerperal mania*, vomiting is considered by Esquirol to be almost specific.

Various modes of external irritation been recommended; for example, blisters: these I do not like, if for no other reason, because of the extreme difficulty of preventing patients from using every exertion to remove them. Some irritating ointments have been used with advantage, as the tartar emetic ointment; especially where the alienation seems to have proceeded from a metastasis of some cutaneous eruption. Actual cautery has had its advocates; this practice excessively bad; at the Bicêtre frequently followed by desperate symptoms, as furious delirium;

and more than once known to occasion an inflammation of the scalp, which spread to the dura mater. If employed at all, it should be to the nape of the neck: Valentine mentions cases of its advantageous application.

In the asthenia of the insane, medicines are still useful, and the strength may be in some cases re-established, as M. Esquirol has found, by the use of bitters, wine, and bark.

Digitalis been much vaunted in Germany; used until it affected the pulse powerfully; in fact, until symptoms of poisoning commenced. Experiments in France with it have led to no positive results. Different opinions concerning opium; Esquirol regards it as absolutely hurtful, but there can be no doubt but that in certain species of alienation it is very advantageous; in cases, for example, characterized by restlessness without much increased circulation. Mercury been stated by Rush to be of much service, if carried just to the commencement of salivation. He relates an example of cure thus obtained in a woman, who, after her confinement, conceived an insane aversion to her child; recovered her reason at the commencement of salivation; no relapse. Bark and quinine also have been used, but without very obvious benefit, in the cases which seemed to put on an evidently intermittent form. Experiments with Darwin's rotary machine, formerly recommended, not successful: patient's head was placed in the centre, and his feet towards the circumference of the circle, so that a centrifugal influence was given to the fluids of the system.

In suppressed menstruation, at the suitable periods, leeches to the vulva and thighs, the foot bath, aromatic vapours against the external parts of generation, aloetic pills, &c. Analogous treatment, if suppressed hemorrhoids the cause, in men. In hallucinations, examine state of organs affected, and apply the remedies accordingly. Delusions of the hearing very troublesome in some patients: here relief has been occasionally obtained from some remedial application to the part. Thus in one case of fancied voices, &c., Esquirol introduced cotton, charged with a solution of caustic potash, into the meatus auditorius; inflammation ensued, and the delirium ceased. In other cases the cotton was merely dipped in oil, with similar advantage.

THE following cases and observations are taken from "Observations on the Illusions of the Insane, and on the Medico-Legal Question of their Confinement. By M. Esquirol. Translated by William Liddel, Member of the Royal College of Surgeons."

Case.—Good health at eighteen, though still irregular. Soon after events of 1815, a fixed pain on top of head, and soon imagined it a worm devouring her brain; copper disagreeable to all her senses; thin, discoloured, and irritable; constipation; slept badly; sometimes refused to eat; spoke of repugnances at one time with liveliness; at another with tears. Esquirol told her he would destroy the worm by a slight operation. So persuaded of this, that she made an incision herself with a penknife on her head, and seeing the blood, fainted. He was sent for, and she being desirous, a crucial incision, more than two inches in

length, was made over the part affected; a small piece of fibrine was shown her as the tormenting insect. An issue made in middle of incision and kept for three months, when all diseased symptoms disappeared together. A similar case in Salpêtrière, which caused madness, and suicidal desire. Same operation; she showed the piece of earth-worm to her companions, expressing her joy at being cured. Thirty-six hours afterwards they laughed at her, telling her that she was deceived; she immediately tore out the issue, and pains and illusions returned. Ambrose Paré relates that he cured a hypochondriacal patient, who fancied that he had frogs in his stomach, by giving him a purgative, and introducing little frogs into the vessel. He has seen many restless and disturbed insane patients calmed by the introduction of an agreeable odour into the apartment. An insane young military officer, allied to Bonaparte, imagined every one around him to be members of the imperial family, and was enraged at seeing the domestics perform any menial office: so long as a bandage was kept over his eyes he was calm, and rational. A monomaniac was perceived by his servant not to drink at all at his dinner, when asked why, he flew into a passion, and called out snappishly, "Do you wish me to swallow my brother?" Being apprized of the circumstance, Esquirol was unable to overcome his refusal; but observing his image on the bottle, removed it; and he then drank; for seeing his image on the outside of the bottle, he had been induced to believe that it was his brother shut up in it. Liddel had under his care an epileptic insane person, who during violent attacks would remain for several days without taking food: abstaining longer than usual on one occasion, the stomach-pump was introduced without difficulty; he was fed in this way for two or three days, when finding resistance vain, he consented to take his food of his own accord. Esquirol says, almost always at the commencement, and sometimes in the course, of mental diseases, the digestive functions are primarily or secondarily affected. Such patients perceive a bad taste in their food, and therefore think it poisoned, and reject it with anger or terror: symptoms cease after a few days, either by diet or evacuations, when the gastric irritation is dispersed; these patients should be left to themselves. Some monomaniacs refuse food to satisfy an absorbing idea, such as an expiation, fear of neglecting some precept of religion, or desire to terminate existence: the refusal to take food of these, should be combated by every possible means. Pinel pronounces the principle of confinement the basis of all rational treatment of mental diseases: all English, French, and German physicians, who have devoted themselves to their study, are unanimous on this point. *Case*.—Æt. 47; suicidal melancholy, trying various means of self-destruction; as soon as he was removed from home to Charenton, his disease would vanish; this occurred several times. *Case*.—Æt. 50; lymphatic temperament; timid character; perfect health; jealousy for some years towards a niece in the house; lost a child suddenly, and husband taken ill. Became furiously deranged, with lucid intervals; less outrageous during the day than at night. Leeches, foot bath, and whey. On fourth day confided to his care. Face pale; lips dry; eyes either fixed or moving rapidly; speech hurried; tongue furred; epigastrium painful; frequent eructations, and bowels constipated. About midnight, suddenly left her bed, cried out violently, abusive, and foaming at the mouth. On arriving, he firmly ordered her to go to bed; on repeating command,

obeyed, and was quiet. On the following night, same scene. On fifth night delirium, but no violence: said, every time she saw him, she felt tranquillized. Warm bath, whey with nitre, and emollient elysters. Sixth night similar explosion, and yielding; during day calm and reasonable, but dejected. Seventh day physician of her husband announced that her niece was to quit the house: sleep re-established, and bowels relieved by this news. On twelfth day, feared she had been deceived concerning the departure of her niece, delirium returned, with loss of sleep and transitory inquietude. On sixteenth day, her departure confirmed by her father and mother. From that moment delirium ceased, and returned home in a few days. Some months after requested the recall of her niece, being aware that she was ill when jealous. *Case.*—An emigrant; æt. 46; sanguineous temperament; peremptory character; many misfortunes; arrested; soon released; but despair, and madness for two months—delirious about gendarmes, chains, prisons, &c.; after attack, melancholy and hypochondriacal. Following year suddenly mad, and day afterwards put under Esquirol's care. Although delirium general, yet, as in first attack, about prisons, soldiers, &c., and evidently influenced by remembrance of his arrest. Whenever M. E. went near him, he would address him in a friendly manner, saying, "You are not obliged to remain," &c. On fourth day finished by saying hastily, "Let us take a walk;" wished to follow without his clothes, but begged him to dress, and went out. Scarcely had walked a dozen steps before he talked coherently, and before they returned, had entirely recovered the use of his faculties. *Case.*—A lady; æt. 50; frightened by a fire opposite her house; for three days and nights saw nothing but flames ready to devour her house and herself. Removal from home sufficient to quiet hallucinations, and restore reason. *Case.*—A young husband imagined himself the cause of his wife's unhappiness, and made various suicidal attempts; being more determined as his wife's sorrow increased. Separation removed these false ideas. Has seen some insane persons, particularly monomaniacs, whose impatience and delirium were aggravated by the excessive attentions of their relations. When the insane are withdrawn from the influence of persons with whom they have lived; on confinement, a sudden astonishment, which renders them susceptible of new impressions. *Case.*—Æt. 27. In general, tenderly attached to her mother; but from a disagreement fell into bad health and melancholy, terminating in madness, characterized by violence, aversion of her mother, and hysterical symptoms; after a month put under his care; and after seven months immediately succeeding a violent attack of hysteria, and mild smallpox, recovered. Well until same period in following year: loss of sleep, reproaching her mother, and agitation; brought forthwith to Charenton. In the evening asked after her mother; told that she had left, and would be away until her health was re-established; loquacity ceased, and became sad. Next morning seemed ashamed; shed tears, wished to see her mother and go home. Attack thus cut short, and went home in twelve days. *Case.*—Æt. 56; very nervous temperament; spare habit; great reverses in political life; then deranged from too much study; in this derangement, chief talk about purchasing in the funds, though of great landed property, and having never entered into any such speculation before; after six months attention at home, recovered from three months' travel. Four years afterwards, at same time of year that former attack commenced, beginning

of winter, came home and told his wife, in a very satisfied manner, that he had just bought much public stock. She had perceived several days that he was agitated, and slept little, and immediately persuaded him to travel. Set out next morning, stock forgotten, and in a few days he recovered his health. The first moments of confinement are very valuable to the medical attendant, who knows how to profit by them; and it is from this moment that, with some, the cure begins: for new objects break the chain of vicious associations, &c. *Case.*—Æt. 40; nervous-sanguineous temperament; very susceptible, and of a melancholy character; whilst making preparations for the coronation of Bonaparte, and engaged in speculations, received a slight contradiction wounding his self-love; attacked with fever for a fortnight; next morning, agitation, delirium, and phrenzy; removed to an asylum; put constraint on himself, and was discharged on the ninth day, receiving his wife's visit with transport, and only a little loquacity remaining; but on getting home flew in a rage with his medical man and wife, for having considered him a madman, and wished to get a divorce, but attended to his affairs properly. Notary humoured him about the divorce; until, at end of three months, when on being told that it was ready, he awakened as if from a long dream, and acknowledged that he had been mad until then. From that period restored. He told M. Esquirol that, on his removal to a strange house, the fear of being believed to be mad had restored him to reason. *Case.*—Æt. 30; lymphatic constitution; amiable and gentle; excessively sensitive; abandoned by her lover, who left her just before her confinement; became dejected and melancholy; after some months lost her infant, and was robbed of money for lying-in and housekeeping; distress at its height, and menstruation, before irregular, entirely ceased, maniacal delirium, and in ten days sent to Salpêtrière. Face generally very red, although sometimes pale; eyes bright and sparkling; tongue white, and lips dry and brown; did not recognise her relations; cries, menaces, blows, and phrenzy, had been constipation for many days. Seemed astonished at her new habitation; answered no questions; and repelled consolation. Next morning reasonable, tranquil, and listened to M. Pinel. On third day expressed hope, and delight at great change in her health; removed to convalescent side. Fourth day light sleep, with scarcely any delirium: calm, and an appearance of menstruation. Fifth, menses diminished, but restored by foot bath; abundant perspiration in the night. Sixth day no trace of delirium, copious perspiration during the night, with a feeling of lassitude for want of exercise. Menstruation abundantly established, and restored to relations at end of month, without any other treatment than some tepid baths and acidulated drinks. The impression felt on finding herself alone in a strange place, began the cure from day of admission. *Case.*—Hereditarily predisposed. Delivered of first child; lochia stopped; puerperal mania; bled, and leeches; agitation and delirium increased, being augmented by presence of husband; advised removal to another house. Better, and more manageable; first one or two visits of husband disadvantageous, but after expiration of twelve days, confirmed her restoration. Separation from friends removes dislikes, and awakens old affections; even enmi, not carried too far, advantageous, by awakening a desire for change of situation. *Case.*—Æt. 27; severe troubles after a favourable confinement, and became lypemaniacal, repelling consolation, and declaring herself lost; became weak and ema-

ciated; after a month intrusted to his care. At first tried consolation and confidence ineffectually; then left her to her own reflections; on desiring to go home, told she might go when she behaved like other people. At end of a fortnight left her room, saying she would do like the rest; and being asked why, said she was so wearied, and should die of ennui unless her friends fulfilled their promises. Restoration soon accomplished. *Case.*—Sanguineous temperament; æt. 58; melancholy at end of revolution from loss of rank and fortune, and retired to the country. Yielded to wife's entreaties to spend the winter in Paris. Painful associations revived by this, and a trifling contradiction disturbed his reason. Bled, and cold baths prescribed, but refused; persuasion, and then restraint; became furious, and convinced that his family wished to destroy him; from that moment continually attempted self-destruction; persisted in making him take cold baths daily, which were followed by fresh struggles and violence. Fixed to his bed and kept there a week, and refused all kind of nourishment; then put under care of M. Esquirol. Eyes hollow and haggard; face discoloured and convulsed; obstinate silence; sighs; shaking with terror on the approach of any one. M. E. spoke very kindly; he stammered, refused the food offered him, and flung himself on the bed. An old soldier now became his servant, talked to him of martial things; for several hours, he making no reply; offered him some broth; taken, though not without considerable agitation. Third day a bath; he consenting, though greatly terrified; after an hour in it, conversing, appeared less uneasy, accepted the food, and promised to allow himself to be taken care of. From this day took a slightly laxative drink, and tepid baths prolonged. Convalesced, and at expiration of a fortnight reason perfect. Told M. E. that he believed himself doomed to the severest punishments, and that the distress of his relations justified his anxiety. The kind attentions in this asylum first increased his fears, but they afterwards subsided. Confinement is indispensable in mania, and also in monomania, when patient is actuated by pride, love, or jealousy. Lypemaniacs full of imaginary terrors, such as panophobists, and patients with a tendency to suicide, should also be confined. If delirium is partial or transitory, if concerning indifferent objects, if unaccompanied with violent passion; if no aversion to home, nor family, and delirium independent of domestic habits; if submissive to means of cure, confinement may be useful, but is not indispensable. If a large portion of intellect retained, and there is great attachment to relations, to be feared lest confinement aggravate the disease. Less danger of relapse or accident from protracting confinement too far, than terminating it too hastily. Travelling excellent for convalescents after confinement. With friends has been useful in some cases of madness: but more successful with strangers, particularly in monomania and lypomania. *Case.*—A soldier excessively lypemaniacal; good effects from confinement; good health for seventeen days. Fellow-soldiers celebrated his restoration; regimen neglected; did not restrain himself from drinking; told his wife he was apprehensive of a relapse: next morning surrendered himself to confinement, and in a furious delirium eight days. *Case.*—Æt. 21; very susceptible; sanguineous temperament; ardent imagination; in love very young. Gentleman to whom engaged being obliged to go into the country, she became dull, sorrowful, thin, and menses ceased. After several months fancied herself forsaken, became mad, and made several attempts at self-destruction. At-

tack only two days; again suicidal attempts next month. Confined under his care, having refused nourishment; said she would not eat until she had seen her lover, without him life hateful. Persuasion being unavailing, prepared force; yielded. From this time no resistance to proper treatment; on fifth day delirium disappeared, though menstruation not occurred; released, though he feared a relapse: on getting home said she was miserable, and delirium returned on third day; on twelfth day confinement, which promptly restored reason. Mended until return of menses; her cure lasting, and health never again impaired, notwithstanding a long train of disappointments and reverses of fortune.

NEVILLE.

ON INSANITY; ITS NATURE, &c. By William B. Neville, Esq. 1836.

HELLEBORE was a favourite remedy among the ancient physicians: Alexander Trallian opposes its use, and recommends the substitution of other evacuants. The co-operation of medical and moral means is requisite to effect a thorough cure, and under persons of sound professional education, and mature experience. Children with a predisposition should be educated as much as possible in the open air, so that their health may be good. He adopts A. Combe's ideas, as to the management of children who are predisposed to insanity. Thinks also, that those disposed to it should cultivate their most sluggish propensities, sentiments, and intellectual faculties, and thus overcome the excessive activity of others, tending to insanity. Want of sleep is generally the first symptom; whenever this occurs, especially if with some particular direction of thought, should immediately quit all business, for relaxation and ease: change of scene is usually important. Here salts of morphia essential; cessation from avocation; regular muscular exercise; early hours; acetate or muriate of morphia every night at bedtime; and as much castor oil, confection of senna or aloes, and myrrh pill, as will keep the bowels comfortably open in the morning. Thus an attack is generally warded off. In every case, we must consider, first of all, the cause, extent, and circumstances of this individual case.

Some uphold, and some decry bloodletting, in every point of view. Pinel, a decided opponent of it, says it is rare in Hospice des Aliénés since it has been under his charge; though he admits that abstraction of a little blood will sometimes prevent a paroxysm in cases of intermittent mania. Esquirol never found it indispensable; and has even seen simple depression pass into maniacal furor, by two or three bleedings of the arm; still, there are some circumstances in which he admits its topical abstraction to be indispensable: in the obviously plethoric; where some habitual sanguineous, or other evacuation was suppressed; or where blood seemed driven with force suddenly to the head. Frequently orders leeches to the back of the head and temples, in small numbers at a time, whilst cold applications to the head, with the best effects. Neville's conclusions are similar to those of Esquirol. In the youthful and obviously plethoric, in the first periods, general bloodletting

may be ventured on cautiously; unless symptoms approach phrenitis: here copious venesection is indispensable. At later periods of the disease, has never known general bloodletting to do anything but harm; even topical bloodletting he thinks may, in the vast majority of cases, be advantageously dispensed with. There are others, in which, even at the beginning, it is productive of unmingled mischief, where curable mania or melancholia is changed to incurable fatuity or hopeless idiocy. These, for the most part, are of delicate general health, and weakly bodily constitution; of highly nervous or sanguineo-nervous temperament, and have commonly been disposed to debilitating influences, previous to illness; or subsequently reduced by lowering treatment below the standard at which healthy action can alone proceed: such require a tonic course, and diet, though nutritious, yet by no means stimulating. Mania is commonly a disease of pure excitement, and successfully attacked by bloodletting, reduced diet, and smart purgatives. Melancholia is usually in the weakly and nervous, and with little excitement: in this the same remedial measures are totally inapplicable.

The warm bath generally, and cold locally, are among the most universally available remedies. Where the skin is unperspirable, simple warm bath is decidedly beneficial. Direct medicinal effects are greatly increased by cold applications to the head, whilst the body is immersed in water; not for a few minutes, and only once; but for hours, and repeatedly during the day; it has a powerful influence in subduing agitation, and producing tranquillity. Patients, whose violence no other means can control, and whose obstinate sleeplessness nothing can remove, become calm and peaceable, and often sleep uninterruptedly. Combined remedy is applicable in many cases, from the very commencement, and has been even held sufficient of itself, if used in time, to subdue the disease. Of this he can speak positively, and believes it generally capable of arresting an impending attack of intermittent mania; and, as an adjunct, it is, in many stages, one of the most beneficial measures. Amongst cold applications to the head, the shower bath deserves mention; though pounded ice has been generally preferred, as an undoubtedly powerful allayer of irritation. Most desirable to diffuse it over the entire superficies; yet more necessary, generally, around the base, than merely on the crown of the head; the bladder containing it, to be of the requisite size and shape, though better too large, than otherwise. The body to be immersed in a warm bath, at from 80° to 100° F.; and a sponge dipped in vinegar, or spirits and water, at from 40° to 50° applied at short intervals, over the surface of the skin, uncovered, so that evaporation may be constant: indeed, it is to be preferred in some cases, for if less speedy, the reaction is less; and it is most easy, and always in reach. In very delicate females, applies the sponge at first at a temperature not unpleasant; trusting to the refrigeration of evaporation. Where only one phrenological organ is concerned, applies refrigerating means only to that, with excellent effect.

Cold bath is less generally available. In debilitated constitutions, tepid, and then cold shower bath, with nutritious diet, and general tonic regimen, often found of unquestionable benefit. Cold douche to the head, whilst the body is in warm water, is a modification of the manner of applying cold, and similar in effect, to the bath of surprise; this bath of surprise is doubtful, as overwhelming the timid; and is not justifiably resorted to in any hopeful cases.

Purgatives are of approved use in the earlier stages of functional derangement of the brain; and in every stage, gentle aperients are to be administered, if the bowels evince the slightest disposition to sluggishness. In confirmed insanity, all violent remedies do mischief, and amongst them purgatives. In these cases we have long banished drastics from our practice: quantities of the confection of senna, of the aloes and myrrh pill, of the compound rhubarb pill of the Edinburgh Pharmacopœia; or of a pill containing equal parts of extract hyoscyam. and extract. colocynth. comp., conjoined with some aromatic, as the confect. aromaticæ; sufficient for one healthy evacuation in the twenty-four hours, being all which we have ever found beneficial: more especially so, when combined with safe and mild hepatic remedies.

Blisters to the scalp are more rare than formerly, unquestionably from their want of success: in recent cases they have doubtless done much injury. When functional derangement becomes essentially chronic, he believes counter-stimulants are generally available, and prove highly curative. It is difficult to regulate inflammation from blisters; when too high, produces considerable pain and mischief; he therefore prefers rubefacients, which are easy of application to particular phrenological organs. Has found no rubefacient so effectual as moxa, passed closely over the surface to be stimulated, and at such a distance as to produce the amount of stimulus desired: it is exceedingly manageable, and the effect is much greater and more permanent than that from a blister, acting for the time required for the same amount of excitation. As a counter-stimulant, with perhaps some specific effect, which he has been in the habit of using with great confidence, in many of the chronic cases, and often with the best effect; an ointment of iodine or hydriodate of potash: rubbing it over the phrenological organs, appearing at one time or another in a state of disease, and which seemed to have caused the ensuing general overthrow of mind, by their primary derangement. Ointment of tartarized ammoniac may be used as a counter-stimulant. These and other remedies are to be enforced, with an alterative, or otherwise active treatment of the digestive organs; and the adjuncts of baths, &c.

Grand tonics unquestionably, nutritious and easily-digested food, pure air, and regular exercise; without these, *materia medica* in vain; with their assistance, generally can dispense with them all. Still cases in which advantage from bark, and particularly from colombo root. In others of pale, leucophlegmatic habit, unquestionable benefit from iron in different preparations; carbonate, muriate, or sulphate: these to be watched carefully, as apt to prove injurious. In chronic functional derangement of the brain, where there is want of power in the whole system, and in the digestive organs especially, or where the disorder has been produced by the state of the digestive organs, no remedy so beneficial as large doses of carbonate of soda (one, two, three, or even four drachms at a time); simply, or its power heightened by combination with an infusion of bark, colombo, &c. Occasionally find the carbonate of potassa not less efficacious. And when disorder of stomach is combined with amenorrhœa, dysmenorrhœa, or other morbid conditions of the female economy, sometimes substituted with advantage the carbonate of ammonia.

In chronic derangement: good, plainly dressed, animal food, poultry or game, at least once a day, and best wheaten bread liberally, ought to

form the main staple of diet. Experience has shown good wether mutton, of suitable age, to be one of the most digestible and nutritious kinds of animal food. Tender venison sits easily on most stomachs. Partridge remarked to agree extremely well, with the delicately-nurtured class of patients. Bread to be made of wheaten flour direct from the mill. Always anxious to bring the stomach to bear light and well-hopped malt liquor, and generally succeeds. Generous old sherry and water, or Port and water, borne better at first. Require warm clothing abroad, and comfortable warmth in-doors: from 55° to 60° never too high: when much reduced, apartments kept advantageously higher, several degrees. Comfortable temperature a more powerful tonic than generally supposed. Means of ventilation. Although essential to have warmth more generally diffused (in his chambers by warm water), yet a cheerful fire requisite for ventilation, and its cheerful aspect. Exercise an essential means for maintaining and establishing general health: most certain way of expending beneficially superfluous nervous energy, otherwise given to disordered action. The kind to be adapted to the respective causes: none better than walking; its amount to be regulated by its effect; in no case, so much as to cause increased velocity of circulation, or want of appetite; but such fatigue as is succeeded by a tranquil pulse and a craving for food, within half an hour or an hour after returning home; it is sure to be followed by deep sleep, and to be very sanative. Senses exercised by natural objects during the walk. A swing or well-hung carriage is sometimes all that can be borne, and to be very sanative. Exercise is particularly beneficial: excursions in it to the metropolis or country scenes. Amusements within doors, combining bodily exercise with mental occupation, decidedly advantageous.

Lastly, speaks of some medicines, from time to time proposed; none of them have justified their encomiums as remedies or even palliatives; although many are entitled to be considered as adjuncts. Scarcely a preparation in any pharmacopœia that has not been administered. Enumerates a few now generally admitted to be useless in a curative sense, and even prejudicial. The preparations of silver, lead, copper, tin, mercury, iron, antimony, arsenic, &c., viz.: hellebore, drastics, asafoetida, turpentine, ipecacuanha, valerian, castor, musk, æther, opium, stramonium, prussic acid, phosphorus, &c. Mercury, for its powerful influence in certain diseases, was early used: and instances of its good effects are not wanting. It has so often failed in functional derangement, that it is now rarely administered, except in the form of calomel, as a purgative: when the disease is confirmed, he believes it may be entirely dispensed with, in all its shapes. If patients have undergone previous treatment, active remedies are rarely necessary: system is mostly below par, and mercury has generally had some influence in producing this. Digitalis stood its ground better than mercury, though pretended specific effects are no longer advocated: may sometimes be advantageously resorted to. Whenever there is unusual throbbing of the heart, and its undue pulsation felt by the hand, or by the ear through the stethoscope, it may be properly tried, rather than any other narcotic; that is, in cases in which there is no objection to narcotics. Dose, to be beneficial, should be repeated until it affects the pulse; but care must be taken not to superinduce disorder of stomach, destroy the appetite, or cause vomiting, or other symptoms of poisoning. Opium, in its old forms, has never been regarded as adapted to allay the excitement of de-

rangement; but it has had its advocates and detractors: the latter seemed predominant, until it was re-established as an efficacious remedy, in the discovery of the salts of morphia. From early success, in a few instances, anticipations from these were sorely disappointed by subsequent failures. Valuable, from his experience, but by no means specific; and only in some forms, or rather certain complications of general constitutional, with particular cerebral disturbance. During period of incubation, when causes at work, its preparations with the other remedies already indicated, often given with the happiest effects. But when cerebral excitement has distinctly set in, has known no instance terminated by them; and has often seen the ultimate recovery retarded by semi-paralytic state of stomach and alimentary canal, from continued use. When the active stage has passed, there is another in which it is useful: where inordinate vascular action has subsided; and the patient is still irritable, agitated, and sleepless, looks haggard in countenance, or broken in strength from want of proper rest; acetate or muriate of morphia, in a full dose. But where other curative means and appliances are easy of attainment, it may generally be dispensed with. Camphor has enjoyed a certain degree of celebrity, with a few; but is now rarely prescribed, and is certainly inefficient. Galvanism and electricity may be sometimes advisable. Setons and issues as adjuncts, may (occasionally) prove useful. When patients have returning general health, appetite, &c., which are the usual preludes to mental recovery; and the mental faculties do not also regain their primitive strength, or are only partially restored, and disposed to remain imperfect, or show an incurability of character; he recommends, cautious administration of a solution of iodine; till a state of constitution is artificially produced, which is analogous to that which is favourable to ultimate recovery; placing the system in a state which is susceptible of other active measures. Feels confident that first steps to recovery in several of his cases, supposed to be confirmed incurables, whilst under its influence. The preparation regulated by constitutional circumstances, commencing with small doses gradually increased, and watching its effects carefully.

Attention to be given to any symptoms that may arise, or have prevailed throughout, as suppressed discharges, &c. Persons managing patients, should have long practical experience, intellectual endowments, and a well-cultivated understanding. Should be humane and sympathizing. Should possess steady, firm, and well-regulated minds, with rightful energy of purpose, acuteness of observation, and perfect self-control.

ALLEN.

ESSAY ON THE CLASSIFICATION OF THE INSANE. By M. Allen, M.D.,
Member of the Royal Medical Society of Edinburgh, &c.

CAUTIONS against the use of deception before the patient enters an institution, as to whither he is going. Says that he has found in very few cases any great difficulty in persuading patients willingly to accompany him, more especially if he had sufficient time to ingratiate himself in their good opinion and confidence, which he does by fully explaining the

object of their removal, the treatment intended, and the means used to make them as happy as possible in the new circumstances. He delicately but candidly tells them, that they are considered to be insane, that the disease has produced some change in their usual mode of feeling and thinking, that the object of the proposed visit is their good, and that if they will go along willingly with him, he pledges himself they shall be treated as visitors, unless their conduct should oblige him to act otherwise towards them. If, after all the pains he takes, they still refuse, he then tells them that their going is a matter quite settled, and cannot possibly be altered: that they may as well make a virtue of necessity, and go at once with cheerfulness. If the patient cannot be made to understand such reasoning, other methods to be used. In his establishment of Leopard's Hill Lodge, have visiting parties from house to house, with the usual amusements of cards, cricket, chess, billiards, &c. For some months a weekly newspaper was published. And some of the articles of a very superior kind in critical journals have been written in this place. Mentions a case of hypochondriasis which had been increasing for about twenty years, and came to this institution in the most depressed and melancholy state: his whole mucous membrane had long suffered from chronic inflammation, and was in a state of the greatest irritability: in less than nine months altogether another being. Partly attributable, he thinks, to a plan which he proposed, of spending an hour at least with him every evening; detailing, in this hour, a history of his own life, always contriving, in the style of the Arabian Nights, to break off suddenly at a point of interest. Being sensitive, great art consisted in introducing, without apparent intention, facts and views calculated to counteract the errors and bad habits into which he had fallen. Has seen many old torpid cases, and a still greater number of recent cases of suspension of mind, cured by being placed occasionally among those who were in a more lively state, and this after every other means had failed. The melancholy have been aroused by the lively, and the lively depressed by the melancholy, and thus both have been brought into a better state. Sometimes been cured by witnessing their own case caricatured in that of another: thus two ideal monarchs of the same kingdom have been convinced of their erroneous impressions. Even the imbecile and idiot are roused and improved by such associations, more than from any endeavour to improve them, while in seclusion. Some patients in seclusion sink more rapidly into moping idiocy than in the society of those similarly insane as themselves. Seen great changes for the better in patients long unaccustomed to the common conveniences of life, when first restored to them. Mr. Samuel Tuke censures the errors in construction as well as management, arising from the erroneous notions as to the constantly outrageous behaviour or malicious disposition of deranged persons. Few minds amongst the insane unsusceptible of kindness. Even in the height of the most furious paroxysms, astonishing how much may be done by liberality and kindness. Whenever the patient is indulged with more liberty, and behaves better, must have forbearance to the utmost extent, and submit to all possible risks, losses, and expenses, rather than again have recourse to it, and when repeated, the patient must be made, if possible, to feel that it is deserved. No evil is greater than that of constantly hiding and suspiciously watching for faults. The contrary spirit excellent; and though a source of constant anxiety, yet he can state many "striking" examples of its efficacy.

Case.—When he came from a private asylum he was in a state of the most furious destructive and malignant excitement, and had been in this state for so many months, that he was considered by his friends incurable. Attribute his cure chiefly to his being treated with apparent confidence and induced to work with a spade, when even in his worst state : when the least word or wrong look would have roused him to commit some dreadful act of vengeance, and it therefore required two men to be constantly in attendance to watch him, without appearing to do so. Induced to work by being brought to believe he had the contrivance, management, and superintendence of some improvements. A regular course, also, of medical treatment : of small repeated bleedings with leeches, averaging about three times a fortnight, with purgatives, alteratives, and salines. Not a word or look was done to offend him, let him speak or act ever so provokingly ; and he was extremely perverse and provoking ; anger, malignity, and cunning, seemed to be intensely combined in him. Perseverance, in the system pursued, restored him. In a violent female case which recovered, long walks in the most secluded parts of the forest, often removed, or lessened an approaching paroxysm, and always superseded the necessity of any restrictive measures. I have often known violent maniacal excitement very much lessened in force and bettered in direction, by being allowed, with an attendant, to ramble, and dance, and scream about, in the secluded parts of the forest, for a whole day together, and which superseded the necessity of a strait waistcoat. When this class of patients cannot be induced to walk, they may be pleased with carriage exercise, and in cases of approaching marasmus, where much fatigue would be injurious, airings will amuse and help to invigorate their feeble system, and perhaps retard, in some degree, the progress of destruction. Ferocious and furious maniaes are those wherein a direct system of coercion is said to be essential ; and yet it is evident, that there are cases where it must do the greatest injury. The best-tempered house-dog becomes savage by being constantly chained. Restraint and coercion to be as seldom and as mild as possible. In cases of some less faults, as breaking and tearing, have found a small dark closet more useful than the strait waistcoat, yet resorted to neither more than an hour or two. Mr. Samuel Tuke says that furious mania has been known to be temporarily induced, by the privations necessary on a relapse, after a considerable lucid interval, during which many privileges had been enjoyed. A vindictive and self-important character, says he, one day climbed up against a window over the court in which he was looking in ; an experienced attendant forthwith ran and pulled him down ; the consequence was a severe scuffle, and, after the circumstance, he was more vindictive and violent. The following instance is given by him of the efficacy of mild treatment. *Case.*—Some years ago, a man, about thirty-four, herculean in size, was brought to the Retreat ; afflicted several times before ; and so constantly, during the present attack, had he been kept chained, that his clothes were taken off and put on by means of strings, without removing his manacles. They were taken off, and he was ushered where the superintendents were supping ; calm, and appeared arrested by his new situation. Joined in the repast, and behaved here with tolerable propriety. After its conclusion, the superintendent conducted him to his apartment, and told him on what his treatment would depend ; that he anxiously wished to make every inhabitant of his house as comfortable as possible ; and that he sincerely hoped his

conduct would render it unnecessary to have recourse to coercion. The maniac was sensible of the kindness of his treatment. Promised to restrain himself, and he so completely succeeded, that during his stay, no coercive means were ever employed towards him. He was frequently vociferous, and threatened his attendants, who, in their defence, were very desirous of restraining him by the jacket. The superintendent, on these occasions, went to his apartment; and though the first sight of him seemed rather to increase the patient's irritation, yet, after sitting some time quietly beside him, the violent excitement subsided, and he would listen with attention to the persuasions and arguments of his friendly visiter. After such conversations, he was generally better for some days or a week; and in about four months was discharged recovered. The idea, too generally obtained, of its being necessary to commence an acquaintance with lunatics, by an exhibition of strength, or an appearance of authority, is utterly erroneous. The author thinks both extremes of treatment are to be avoided, as insanity is often the consequence of over indulgence, while under parental care; and that we must be governed by the indications of the case. Many have, in an incipient stage of convalescence, been placed on parole of honour; first simply restricted to the garden, afterwards the fields; and if no breach of confidence occurs, allowed a pass key to go in and out when they please; and scarcely an instance of escape from this, nor have they opened the door to others. Those who escape are always those who are not trusted. Has known convalescence confirmed, by discharging them as patients, and inviting them to remain and consider themselves as voluntary visitors. The stimulus of privilege in inducing self-control is very great. From this, the efforts they constantly and anxiously made to be considered rational, is a great acquisition. Must never, for our own ease, encourage their delusions, but tell them what is false and dangerous; but silence is often the most effectual reproof. Reproaches amusement of idle visitors from their delusions. Delusions to be seldom noticed, and then as an important and grave matter, and we must use every argument against the folly of encouraging them. To call forth the exercise of self-control, is the most powerful moral means of recovering the lost equipoise of mind. All the principles in the management of children are equally applicable to them, though we must watch every probable and threatening storm; we must not too eagerly anticipate its approach; we must wait until it breaks out and gives us an opportunity to justify the moral measures we conceive are best calculated to produce a beneficial influence. Are treated on their arrival as if they came merely as visitors, and never alter our conduct until they cease to behave as other people; and then they cannot blame any change. The object of their treatment should be, to resemble common life as much as possible. Deprecates listening to or encouraging the delusive conversation from animation of a patient by other patients, or the unthinking, and their exasperation by making sport of these. In the early stages of insanity, the principle of counter-irritation is decidedly the most valuable in our practice.

Cases in the Register Book of Bedlam.—A stupid old case, having about once in twelve months a slight exhibition of excitement, a sort of ill-tempered, obstinate fit; this soon subsides, especially with the aid of sulphate of magnesia. There can scarcely be an old pauper patient, he concludes from some of these old cases, in such a state as wholly incapacitates him from being brought, with a little trouble, into habits of

useful employment : the stupid we may also depend upon more as workmen, as being but automata. *Case*.—A surgeon of brilliant mind, an old case ; many vagaries, such as a belief in transmigration of the soul, &c. Undertook to make him translate a French work, whilst Dr. A. wrote from his dictation ; he was evidently much improved by the exercise. He thinks that this case proves that many cases generally given over as incurable, may be cured by a well-directed exercise of the understanding, by which it is at once strengthened, and the mind drawn and excluded from the exercise of its insane feelings and hallucinations. In some cases, translating works on secret vice ; restored by being thus checked.

MACKINTOSH.

PRINCIPLES OF PATHOLOGY AND PRACTICE OF PHYSIC. By John Mackintosh, M.D., Lecturer on the Practice of Physic in Edinburgh, &c., &c. Dr. Morton's American edition. 1837.

Articles—*Insanity and Hypochondriasis.*

I. INSANITY.—More is to be done by moral management, and by attending to the bowels, to the regimen, and to the temperature of the patient's body, than by heroic remedies, such as bleeding and blistering, exhibiting digitalis, and persevering in the use of strong drastic purges. Pouring cold water on the shaved head will often diminish the excitement, without bleeding. Local bleeding by cupping best : when there is considerable plethora, vascular excitement, determination of blood to head, or more especially signs of inflammatory action in brain, then general bleeding. Opiates have proved injurious from their indiscriminate employment, and from insufficiency of dose. Has seen the best effects from eighty and even a hundred drops of laudanum, every third hour, in cases where there were great irritability and want of sleep, and where there were no marks of organic lesion within the brain. Blisters rarely serviceable ; oftentimes irritate a patient. Large doses of tartar emetic sometimes useful ; powerfully controlling the circulation, and keeping the bowels open.

The moral treatment should be a soothing system. Acts of indulgence. No argumentative conversation. No harshness in action or expression. Never to deceive them. Combe says manual labour of utmost consequence. Before leaving, chord of previous illusion to be touched on.

II. Hypochondriasis.—Not to attempt persuading the patient that he has not the disease which he supposes ; language to be, that we possess a remedy curing it. Visits to be regular, and conversation guarded. Bowels to be kept open ; diet regulated by circumstances ; attention to any local disease ; contra-irritation from antimonial ointment often found beneficial, as well as occasional warm and cold bathing. Air, exercise, and every kind of innocent amusement to be strongly urged ; and physician to see that his directions are followed.

PRICHARD.

A TREATISE ON INSANITY, &c. By James Cowles Prichard, M.D., F.R.S.,
&c. American Edition. 1837.

VASCULAR fulness always a part of the disease. Few instances in which antiphlogistic system not indicated at some time of the disease. Much to be hoped from this where the disease is sudden, with signs of vascular excitement; in young and plethoric subjects particularly.

I. Advises both general and local bleeding, varied according to circumstances. Most, when approaches to phrenitis; young and plethoric patient; attack acute and sudden; vessels pulsate strongly and rapidly; heat of skin, and principally of head; redness of face and conjunctivæ; contracted pupils; intolerance of light and sound; total want of sleep; much agitation; disordered sensation. If these, bleeding from the arm; before collapse and exhaustion; quantity 12—16 oz.; repeated if effects only temporary; or if this be incomplete, followed by cups. If following the suppression of the catamenia, or some morbid, though perhaps salutary discharge; disappearance of eruptions, of erysipelas or dropsical effusions—bleeding; but not unless the arterial circulation and heat of skin be considerable. Antiphlogistic system also, if from intoxication or blows on the head: but this to be distinguished from delirium tremens proper, and that from wounds: in the latter opiates and stimulants. Mania chief form for bloodletting. In melancholia, also, one or two moderate bleedings, general or local; if headache, or a feeling of oppression referred to the head, with a full state of the bloodvessels and confined bowels. No bleeding if weakness and irritability without strength. All approximations to delirium tremens should render us very cautious, though not entirely precluding bleeding—a weak, small, or a frequent, very compressible pulse, with strengthless throbbings in the carotid, while circulation feeble in extremities; a clammy, cold skin, especially hands and feet, or profuse though warm perspirations; a tremulous state of the tongue or voice; tremours and agitations in the limbs. In puerperal cases, allowed now by all, that venesection is to be rarely attempted. In many individuals of weak constitution, when indications of plethora and general excitement of circulation wanting, has observed best results from leeches to shaved head, or cupping-glasses to nape of neck: instances in which dejection, accompanied by sleeplessness and want of appetite, been relieved or removed in a few days, after a continuance of several months. Dr. Shute, superintendent of the Gloucester Lunatic Asylum, with success proscribes all the great constituents of the antiphlogistic plan.

II. If much vascular excitement and heat about the scalp, head should be shaved once or twice a week. M. Foville mentions the case of a girl who was placed in an empty bathing-tub, and water at 56° F. was poured on her in small quantities at a time, till it covered her body and shivering ensued: its second application was followed by deep sleep, copious sweating, and recovery of reason. Prichard thinks this a more convenient and efficacious method of cold affusion than those ordinarily used. Shower bath sometimes followed by reaction; if patient excitable, then becomes violent: in old cases, with a disposition to congestion in the head, apt to produce palsy. Chiefly serviceable in young persons, when the constitution is relaxed, and when predisposed to hysteric affections.

A method of bathing adopted by M. Foville, free from inconveniences and occasional ill results from cold affusions—a bonnet of ice fits closely on the head, whilst the body is immersed in warm water for two or three hours; renewed twice or three a day, according to intensity of symptoms: M. F. found repetition best; many acute cases recovered, and produced sleep and tranquillity in frequent instances of obstinate restlessness and agitation. Tepid bathing advantageous in many cases, under a variety of circumstances. Among phenomena suggesting its adoption, a cold state of skin, languor of general circulation indicated by coldness of extremities, tendency to chronic eruptions. Sometimes produces sleep after long-continued agitation. If heat not so great as to cause too much vascular excitement, generally a useful and safely applicable remedy. Ice and cold water serviceable, in cases where there are present heat of the head and irritability.

III. Counter-irritation, in its various modifications, been tried in every form of insanity, and general experience against it: affords little benefit in ordinary maniacal cases, and often appears to be injurious. Some cases in which beneficial, but care necessary in distinguishing them. M. Esquirol says that blisters, dry cuppings, and other irritating application useful, when from metastasis; in monomania with stupor; in puerperal madness; in dementia when not complicated with convulsions or paralysis. Prichard believes such remedies principally, and, perhaps, exclusively of service, where torpor and insensibility prevail, instead of excitement and intensity of feeling. In a chronic form of disease, when we seek a slow and gentle operation, setons in the neck; when intensity of disease, issues by a long incision in the scalp on the sagittal suture; not more painful than usual setons, and incomparably more efficacious: in stupor or dementia, following apoplexy or paralysis, or severe fevers; would not hope much in dementia from insanity; would try it in the "*paralysie des aliénés*."

IV. Purgatives most important medical means; unless diseased structure of alimentary canal: mildest best, because they can be used the longest. Neutral salts, infusion of senna, rhubarb, jalap, castor oil, are, in the majority of cases, sufficiently powerful, and may be used daily or according to circumstances. If constipation, or morbid evacuations, calomel, scammony, colocynth, or croton oil, with similar precautions.

V. Agrees with Esquirol and Foville, that emetics are useful in cases of melancholy, or hypochondriacal dejection attended with stupor. Precluded by signs of a plethoric habit and cerebral congestion. Sometimes useful during a state of furious excitement, producing calmness. Often require before vomiting gr. vi.—x. of tartarized antimony; especially in a paroxysm of violent excitement. Better begin with a moderate dose, combined with ipecac. In nauseating doses, safe and beneficial in controlling maniacal excitement, and the febrile state accompanying it.

VI. Digitalis is much praised by writers. Most likely to be successful where great arterial excitement and phenomena of high mental excitement.

VII. Opium doubtful in disordered states of the brain: injurious when the vascular system of that organ is overloaded with blood. Useful in cases resembling the indirect debility of delirium tremens. Injurious in cases of high excitement, strong, full pulse, heat of skin, fulness of vessels in the head. Useful in delicate attenuated persons, of feeble constitution, pale, cold, relaxed skin, frequent, small, weak pulse. M. Guislain says,

if of long duration, pulse daily losing force, if not from eruptions or hemorrhage suppressed; if only nervous symptoms, most plain indication, long-continued restlessness and want of sleep, bringing on dangerous exhaustion. Dr. Kriebel, of Berlin, recommended one grain every hour to be given, until sleep. More prudent to commence gradually; generally agreed that large doses necessary: maximum dose for beginning, two grains.

VIII. Hyoscyamus was recommended by Dr. Willis as a substitute for opium, and been very generally adopted, but with uncertain success. Five to ten grains of the extract, or a drachm of the tincture, will often succeed in producing sleep; devoid of many of opium's injurious qualities; has no stimulating influence, but diminishes sensibility and irritability without any previous excitement; does not diminish the secretions, nor produce constipation, but often leaves a greater degree of languor, want of appetite, and the general uneasiness ensuing from narcotics, than does opium; same indications as the latter, but requires less caution. Repeatedly given it with advantage in want of sleep, but does not consider it a remedy of great importance.

IX. Camphor. Thinks experience of physicians proves it inefficacious. Dr. Schneider used with great success stramonium and belladonna in form of a tincture. Franck has recommended belladonna, especially in mania with epilepsy: many cases of cure in the journals of Hufeland and Nasse. Müller, of Wurtzburg, is said to have cured mania with the powdered root of belladonna; in doses reaching one hundred and thirty-six grains a day, desisting on first appearance of its specific effects.

X. Mercury not universal. In cases of torpor, with suppression, or a scanty state of any secretion. In mild alterative doses: stopped when gums slightly affected.

XI. First suggestion of rotary motion in the works of Cælius Aurelianus. Found by Dr. Cox to be a powerful sedative, in cases of violent maniacal excitement. Also useful as a method of moral restraint.

The first indication mentioned by him, and hitherto considered, is, to remove or lessen that diseased condition of the brain, on which we have reason to believe that insanity depends as its immediate cause: this is chiefly applicable to the acute stage. The second indication referring chiefly to the chronic stage, is to restore and maintain, as far as can be done, a healthy condition of the physical or natural functions, and to obviate or remove disorders in other parts of the system, which may be connected with the diseased condition of the brain, or coincident. Many lunatics have been cured by a course of remedies adapted to their general health, relieving the disorders from exhaustion, restoring the functions to a healthy state, affording a good and nutritious diet, and by occasional remedies, relieving complaints which had occurred from time to time. At the Gloucester Asylum, Mr. Hitch told him—We first secure the free evacuation of the bowels, and cleanliness of skin and clothing. Assure him that we consider him to be mad, and shall treat him accordingly. Generous and nutritious diet, bread, meat, and ale, &c. If great anxiety and restlessness, give ether (sp. æth., s. c. 3ss. or 3i.) every fourth hour, conjoined with the carbonate of ammonia, camphor, and other stimulants. Enjoin living, as much as possible, in the open air. If excited state unwilling to this treatment, use the douche. For acts of violence, occasional moral delinquencies, &c., with remarkably good effects the bath

of surprise. Treated thus during the incubation, the disorder has *never* proceeded to actual mania.

If complicated with intestinal disorder, care to relieve the latter. A torpid state of bowels requires mild aperients, daily, or occasionally, according to circumstances. When constipation has given way to diarrhoea, with tenderness, abdominal distension, with or without occasional symptoms of dysentery, with emaciation, coldness of the skin, general debility, a disposition to eruptions resembling those of scurvy or purpura, cure only to be promoted by careful attention to a variety of particulars. Action of bowels to be restrained by absorbent medicines, combined with slight opiates and mercurial alteratives. Leeches and warm bath, warm clothing, and warm atmosphere at same time. Bitters, tonics, and aromatics afterwards: a liberal allowance of animal food, and sometimes malt liquors and even wine, in cases of debility and exhaustion when the digestive powers will bear their use. When in chronic cases bowels irregular, without causing so great a diseased state as above, only necessary mild aperients, with tonics and neutral salts, two or three times a week, and occasionally calomel. When from diminution or loss of any natural function, or accompanied by it, an effort should be made to restore it. M. Esquirol had a case of madness complicated with paralysis, from the suppression of an habitual hemorrhoidal discharge: a single leech to hemorrhoidal veins every day for a month, followed by restoration of flux and sanity. Attempts to restore the catamenia, apt to fail. If any constitutional effort at particular times, should be promoted by small bleedings; leeches to inguinal regions or thighs, cupping at the loins, hip bath, pediluvium, warm clothing and atmosphere, warm drinks, with castor, camphor, and other odorous stimulants. At other times, as a preparation, aloes, rhubarb, and aromatic bitters. Attention to diet and regimen as important as anything; in exhausted subjects, great advantage from liberal diet: a plentiful allowance of animal food of most wholesome and digestible kind; this appears to calm previous irritation. But diet must depend on nature of case. Fresh air, exercise, gardening, &c., for patients in general.

In puerperal madness, our chief aim to be supporting life: if this can be continued for a time, disease of animal system will in all probability subside. Antiphlogistic, and particularly evacuant remedies, to be used sparingly and with great caution. 1. Bloodletting condemned by all esteemed practical writers. M. Esquirol decidedly opposed to it. Dr. Gooch's observations should guide us. Says that his experience is against bloodletting, as being seldom, or never necessary, but generally almost always pernicious in puerperal mania and melancholia, and in cases resembling delirium tremens; never met with a case requiring it; rule should be never to use it in mental disorder, unless symptoms of congestion or inflammation of the brain, such as would lead to its employment, though the mind was not disordered. Even here great caution; local safer than general bleeding. In one case head hot, face red, pulse somewhat hard, yet bleeding eight ounces followed by extinction of pulse in three hours, and death in less than six. Only cases attended by a quick pulse which has seen recover, those in which no blood taken. 2. Where much heat of scalp, flushing of face, and strong pulsation of temporal and carotid arteries, head to be shaved and kept cool by cold lotions, an oilskin cap filled with ice or iced water, or by evaporating lotions. If above symptoms very acute, and debility not

alarming, a few leeches. Blisters to occiput or nape of neck often serviceable; much recommended. When scalp not hot, and tendency of disease rather to stupor than a high degree of excitement, blisters usefully applied over top of head. Lower extremities, which are often cold, to be frequently immersed in hot water. Dr. Burrows recommends bathing the legs and feet, in a warm infusion of mustard or horseradish. Heat to be applied in most convenient form, and circulation in extremities promoted by other obvious means. 3. Purgatives and emetics among the most useful remedies. Alimentary canal frequently in a disordered state, tongue furred, breath fetid, skin discoloured, evacuations dark and offensive. Here a few brisk purges, calomel, followed by castor oil, or rhubarb and magnesia. Here emetics of ipecacuanha, with small doses of tartarized antimony, very valuable. Dr. Gooch has remarked that they should be used with caution, when face pale, skin cold, and pulse quick and weak: in general, he prefers ipecac. to antimonials. 4. After these evacuant remedies premised, great advantage frequently from opiates. Full doses generally attended with best success. Ten grains of Dover's powders at night, or a grain and a half of solid opium, or thirty drops of the tincture. Several writers recommend Battley's solution instead of tincture; perhaps acetate and muriate of morphia best preparations; a quarter or half a grain every third or fourth hour until sleep. When opiates disagree, Dr. Gooch recommends hyoscyamus with camphor. Five grains of each every sixth hour, and a double dose at night; or a drachm of the tincture. Thinks narcotics the most valuable remedy: "often produce nights of better sleep and days of greater tranquillity, and this calmness followed by some clearing up of disorder of mind:" more frequently beneficial in this than in other sorts of mania; if heat of head, flushing of face, and thirst, use to be postponed until such symptoms removed entirely. 5. In the more protracted cases, tonics and stimulants sometimes necessary, especially when the appetite has failed. Ammonia much recommended: may be given with infusion of cinchona, or any bitter infusion. When offensive to the stomach, rectified oil of turpentine one of the best stimulants, especially in a drachm dose, thrice daily, with cinnamon water, or any other aromatic fluid. 6. Nourishing food of great importance. Farinaceous liquids of a nutritive quality, milk, rice, and other such matters at short intervals, when febrile symptoms preclude animal food. In most instances broth may be allowed, and ought to be given. In the more protracted periods, solid meat, with malt liquors. Has seen many maniacal patients labouring under great weakness and exhaustion, with cold extremities, a clammy skin, passing sleepless nights, and under continual agitation, begin to improve as soon as diet was changed, and meat with some ale or porter given daily. 7. Should be separated from relatives and friends, and carefully attended by persons experienced in the complaint.

Moral Treatment.—Confinement in hospitals useful, where the attack is of a violent character, but not where characterized by dejection, unless the patient is disposed to suicide. If in monomania the predominant feeling be enmity to relatives, or pride, or misanthropy, jealousy, hatred, or malice, confinement is necessary. But not if in relation to indifferent things. Travelling. Exercise of various kinds. Dr. Horn, of Berlin, has constructed at the hospital of La Charité a sort of cart fit to hold four lunatics, which is drawn by thirty of their companions, who take their turn to ride and to be pulled along. Physicians undecided

with respect to the utility of music. In the Richmond asylum twelve learning to read. They ought to be managed with the utmost kindness. Mildest methods most successful in the cure. A union of firmness in determination, with the greatest gentleness of manner, is the sure way of gaining the respect and promoting the welfare, and in curable cases, the recovery of lunatics. Pinel says a sensible and enlightened superintendent views the explosions of madness (cries, outrageous expressions, and violent actions) as the impulses of an automaton, or rather the effects of nervous excitement, by which he ought no more to be provoked, than by the shock of a stone falling by its own specific gravity. He gives all the liberty possible, and conceals the necessary means of constraint, and treating them with all indulgence, leads them to suppose themselves submitting to the laws of necessity. Inconsiderate entreaties to be resisted by strength or eluded with address. Instances the steward of the lunatic house in Amsterdam: a lunatic so violent that he was brought bound, and no one dared to approach him, to untie the cords; steward sent all the keepers away, talked with him, and gained his confidence; after being unbound, permitted himself to be conducted quietly to his new abode; gained more influence over his mind every day, and succeeded in restoring him to his senses. M. Guislain says the physician ought not to inspire fear or dread of himself in a patient. Another person should appear as the agent in restraints or punishments, and he only as a protector. In seizing a violent patient, Pinel says that there is great advantage sometimes, from suddenly enveloping the head in a napkin. In other cases, persons placed before him occupy his attention, whilst others from behind seize him. M. Georget says confinement by straps around legs to chair, or in rooms, of violent and those addicted to indecent practices. Pinel says the only measures of punishment to be strait waistcoat, seclusion in cell, removal from one division to another, shower bath, and some occasional privations: furious lunatics, and accidents which they suffered, remarkably diminished in the Bicetre since the abolition of chains. The author says all means of punishment or intimidation to be used as sparingly as possible: solitary confinement with restriction to the strait waistcoat sufficient in ordinary cases. M. Foville's method refrigeration: a tub with an orifice large enough for the neck and head. Pitchers of cold water poured on his head, he being recumbent, and also through holes in the cover, on his body: employs it occasionally several times in a day, and assures Dr. Prichard that he found it a most efficacious, safe, and easy way of subduing the violence of the most intractable patient; maniac's limbs fastened instantaneously beforehand by a number of strong men. Intimidation sometimes necessary to induce obstinate patients to take food. Persuasion to be first tried, and if this fails, threats and harmless punishments. Never impossible, even by force, to oblige patients to swallow a sufficient quantity of nutritive broths or other fluids to support life. When compulsion used a few times, voluntary submission generally follows. Mr. Liddel strongly recommends stomach-pump. Use of circular swing has been often found serviceable in subduing violent, and threat of renewal in restraining them. We should never direct the attention of the patient to the subject of his illusions: a few cases on record of temporary relief from deceptions or striking proofs. A lunatic refused to eat, saying that he was dead: persons entered his room shrouded and began to eat, inviting him, as being in their state; he, after

a little while, ate also. Gatianar cured a patient fancying she had frogs in her stomach, by introducing them in her evacuations after giving a purge. Dr. Müller cured a man fancying he had a goblin in his belly, by covering the abdomen with a large blister, and when the vesicated skin was torn off, contrived that a figure dressed up should be thrown on the bed, which the man imagined his tormentor: Dr. Jacobi imitated this experiment, but only with temporary success. A lunatic fancying he would deluge the world if he passed his urine, was prevailed upon to pass it, by being told that the town was on fire, and he could thus save it. Dr. Franck cured a woman fancying her bones luminous and ready to take fire, by rubbing her skin with oil containing phosphorus, and pretending to extract the light. Should be classed. Esquirol and Pinel say—separation of sexes; a quarter for violent, melancholy, tranquil, convalescents, and those labouring under accidental disorders. Houses to be built on level ground. Cells to be boarded, and not paved. Bed to be firmly fixed in the wall. Covered galleries for bad weather. All the rooms warmed by hot air. Abundance of water by fountains to wash dirty cells. Privies should not inconvenience by their being too near. A general workroom. Physician should be superior in power to all other officers. He should particularly instruct the servants not to be severe, nor to regard the taunts of the lunatics. In Bicêtre and Salpêtrière great advantage on this account, in having attendants who have once suffered from the disease.

MICHAEL RYAN says that puerperal mania is generally cured by powerful sedatives, and removal from home. Depletion generally injurious.

In hypochondriasis, gives the following prescription: *Mistura rhei comp.* or *mistura Gregorii*. R. *Aquæ menth. pip.*, *oj.*; *rhei pulv.*, 3i.; *mag. cal.*, 3iss.; *zingiberis pulv.*, ʒi. M. Dosis, ʒss., 3 in die.

ELLIS.

A TREATISE ON THE NATURE, SYMPTOMS, CAUSES, AND TREATMENT OF INSANITY, &c. By Sir W. C. Ellis, M.D. &c. 1838.

To guard against it when hereditary, constitution is to be supported by proper, nutritious diet, but constant use of stimulants of any kind should be avoided; a situation in life to be selected, in which the individual is in certain though moderate circumstances, unexposed to vicissitudes either of good or bad fortune. Medical remedies to be relied on few, and principally of use in the early stage. Moral treatment most difficult: most essential ingredient, constant, never-tiring, watchful kindness, and few, if a particle of mind left, who are not to be won by affectionate attention; day by day for weeks together. Unceasing watchfulness that those under whom they are placed treat them with greatest kindness and forbearance. Where hereditary, self-government should be taught from infancy. *Case*.—A sailor, æt. 30; ten days. Temper naturally sullen, habits sober; very taciturn, and refused food; pulse natural; tongue white and tumid; bowels costive. Took some

brisk purgatives ; then appetite improved ; but continued restless, taciturn, and obstinate ; extremities cold ; pulse small and frequent. Continuing so, leeches to temples, and purgatives repeated ; little relieved ; continued silent, heavy, and stupid. Eyes not red, pupils but little sensible to light, and no flushing of face. Purgatives repeated ; blisters to back of neck, and sinapisms to feet. In the same state and wholly mute for a month, when he had a severe dysentery. Recovered in a fortnight, a good deal weakened by it, with usual remedies. Not slightest change in mind. Next two months warm bath, and latter half perpetual blister to the back of the neck ; no effect. Then seized with convulsions ; vessels of conjunctiva much loaded : leeches to temples, bowels kept open, and bodily health soon returned. Mind the same, until one morning awoke restored, after a muteness for three months.

Case.—Æt. 35 ; married ; six children : in a warehouse, and travelled occasionally for the firm. During a journey on a hot day, felt extremely oppressed with heat, and was seized with violent pain in the head. After this a little unsteadiness in the gait, and a trifling stammering in the speech. Seven weeks after first symptoms, involuntary fits of laughter, great and unusual rapidity of expression, and general good-tempered excitability. Temper naturally mild, habits very temperate, bowels open : cupped, blistered, purged, &c. With Dr. E. took nitre, squills, and digitalis for ten days : continued diuretics with infus. gentian for about six weeks, occasionally taking calomel and jalap to keep the bowels open. General health improved, but not mental. Thought he had the power of transporting himself anywhere, at a wish and instantaneously. After six months removed, became gradually fatuous, and died in twelve months.

Case.—Single ; æt. 37 ; ten weeks. Cause running in the sun without his hat for some distance : immediately after it seized with a violent pain in the head, and never been quite well since. Bowels regular, temper mild, habits sober, pulse ninety-two, tongue furred. Thinks he labours under syphilis, though no symptoms of it ; much depressed. Bowels kept open by small doses of rhubarb ; warm bath three times a week ; tonic medicines. Recovered in three months.

Case.—Studied for orders so intensely, as to bring on derangement. Æt. 26. Twelve months in a private asylum ; had been much depressed in mind ; in a weak and feeble state. Nutritious diet, and half a pint of porter, daily ; infus. gentiana, and small doses of rhubarb occasionally to keep the bowels open. Recovered in nine months.

Case.—Been a surveyor, with a wife and family ; bondsman of one who failed ; reduced to extreme poverty ; anxiety then deranged him. In a feeble state, on admission, from want of food. A few months of proper diet and active employment restored him. On discharge, relieved his mind by the promise of business ; continued well.

Case.—A trader in baby linen. Thrown out of business, with the prospect of poverty ; anxiety brought on excessive watchfulness, which was followed by insanity. Soon after came into asylum maniacal. This being overcome, attracted by baby-clothes, making in a bazar, in the asylum, similar to her own formerly : voluntarily offered to cut out some ; from this time, began to recover rapidly, and was soon cured.

Case.—A farmer, æt. 50 ; from a depressed state of agriculture, his rent was in arrears ; thus dreaded poverty for his family. Became sleepless, melancholy, restless, and unable to pursue his occupations, though knowing great exertion to be requisite to avoid ruin. Sent to Wakefield Asylum. His head hot, ex-

tremities cold, stomach and bowels disordered, and sleepless nights. Cold to the head, and warm applications to extremities, with proper remedies to restore healthy action of chylopoetic viscera: absence from his family and scenes of distress soon restored him. Good diet, and removal from scenes of misery, often proves curative in cases from poverty; but they are apt to relapse. A few pounds are useful here, and are given in Wakefield Asylum. *Case.*—Poor woman from Leeds, with large family. Distressing melancholy, having tried self-destruction several times. Cause, a debt of several pounds, which she had been unable to pay: parish authorities of Leeds agreed to pay it; relief of mind quickly apparent in her cheerfulness, and she soon recovered. *Case.*—A cheesemonger. Became alarmed by denunciations in the Bible against wilful sin; could not sleep for a fortnight. Distracted; went to a workhouse, and then to a madhouse; plucked out his right eye to follow the literal sense of Scripture. Four years in this agonized state. Conveyed to Hanwell; became by degrees more composed; persuaded to attempt shoemaking, and by this, gradually recovered. With his family for one year and five months, and was restored. Since, periodical. *Case.*—Æt. 42. Female. Mischief-maker, caused a separation between husband and wife: repented, and thought she had committed the unpardonable sin. Kept as much employed as possible, to divert her mind from its gloomy thoughts. Four years deranged. *Case.*—Insane from sudden loss of children; constantly looking for them: induced to employ herself, and ultimately got well. *Case.*—Incurable: much self-esteem and love of approbation; unexpectedly rejected by a lady; became insane from offended pride. For a long time assisted as a clerk, in the office of the asylum. *Case.*—Æt. 41, of excellent character; suffered repeated attacks from disordered action of chylopoetic viscera; an attack sure to follow any disorder of them. Preceded by white, furred tongue, fetid breath, bad digestion, pain in epigastric region, costive bowels; restless, pain in the head, eyes red, thinks spirits come to tell him of his wife's infidelity. Often requires very active purgatives to procure evacuation; local bleeding, and cold applications necessary to the head. Symptoms then abate, and the disease subsides. *Case.*—Insanity, and pulmonary affection alternating. Remedies for the cough benefited this, and proportionably increased insanity. *Case.*—Nursery-maid: twenty-four years old. Nine months before I saw her became anxious and melancholy, great languor, formerly active. Complained of all her feelings being lost, religious, for children, and love. Found that catamenia had not appeared for some time previous to this state. Bowels costive, liver torpid. After taking alteratives and emmenagogues, and using hip bath ineffectually for some time, leeches to labia pudendi relieved on first application. Secretions took place, and she got well. During the time actively employed in walking and needlework. *Case.*—Puerperal; six weeks; high state of mania. From time of working in garden recovery rapid. *Case.*—Puerperal. Head hot, bowels costive, secretions disordered. In a depressed state. After fourteen months, persuaded to walk in a long gallery up and down, and to spin twine. Recovered. *Case.*—Puerperal; ten days after second child; at home two months. When brought to the Wakefield Asylum. very emaciated, pulse quick and feeble, bowels confined; wild and incoherent in language; countenance showed much diseased action in the brain. Bowels kept open by aperients; blister to back of neck; nutri-

tious diet—little relieved. In a month improved in bodily health, and more rational. Another month, stouter, but no better in mind; complained of pain in head; bowels confined: no appearance of catamenia since confinement. Leeches to temples; emmenagogues; bowels kept open. Better from this time. Cured. *Case.*—A tailor; æt. 26; five weeks: from fever; before the fever had drunk much rum. Great maniacal excitement; pulse quick; head very hot. Cooling applications to head, and usual remedies to restore healthy secretions. Cured in seven weeks. *Case.*—Female: believed herself bewitched; said she was glad of employment; that it kept witches away. *Case.*—Æt. 50; two years; habit of drinking freely; disease of liver of some standing. On admission very much emaciated; weak; covered with an eruption; tongue furred; stools very dark; much depressed; always moaning; complained of heat and numbness of head, and pain in all his limbs. Leeches and cold lotions to head; bowels opened by calomel and colocynth; warm bath every other day: much relieved. Still continued to moan; tongue still furred; stools unhealthy. Pil. hydrargyri, gr. v., alter nocte for some time: left off a while, being no improvement, and then taken again, and now continued for two months with evident advantage. Tongue clean; less depressed; stronger, and gaining flesh; biliary secretions much improved. Occupied in the office, and as the liver improves, so does his mind. *Case.*—Insane, and confined many years. Soon took to work on admission, and did so voluntarily for some months. Then became unsteady, rambling, irritated easily. Suspected morbid action in brain, from mental irritation, or sympathy with chylopoetic viscera. On examination, her tongue much furred, head extremely hot, pulse one hundred—usually eighty. Stomach and bowels immediately attended to, but being no effect, head shaved and cold applications used. Next day head cool, pulse seventy, paroxysm subsided. *Case.*—Æt. 30; short time only. Tongue with white fur; bowels costive; head hot; pain in upper part; pulse eighty-six, and full. An emetic: then diuretic drops every four hours; head shaved and cold applications. In three days his pulse to sixty, and better in every respect. *Case.*—Æt. 21; six months. Going to church to ridicule the preacher; on coming home he could not sleep for the pangs of conscience, and became insane. On admission head very hot; pulse eighty-six; tongue dry; bowels costive. Head shaved; cold applications; bowels and secretions attended to: a little better for three days. Without apparent cause, mania increased, pulse one hundred, and so for two days. *Case.*—Female; repeated attacks for several years; without apparent cause, probably from disorder of chylopoetic viscera; became excited, talks to herself, and ever moving about. Considerable increase of heat of head; no change in pulse; sleepless nights. Aperient and emetic; head shaved; cold lotion. Much relieved in a few days. *Case.*—Female; paroxysms of mania for several years: after recovery and working some weeks, again excitement comes on; head hot; pulse only sixty. Aperients and cold applications to shaved head soon removed it. Patients having organic disease of the brain have a cold, clammy perspiration, exhaling a peculiar fætor. Its unpleasantness may be much obviated, by constant use of the tepid bath. *Case.*—Male, æt. 24; twelve months; extremely torpid, taking no notice of anything; so for some months. By perseverance induced to assist a little in cleaning the ward. Improved from this time in every respect, and in seven months cured. *Case.*—Naturally libidinous, but periodi-

cally more so: back of head hotter than elsewhere. Shaving the head; cupping and cold applications, with small doses of nitre and tartar emetic, materially tend to abate the paroxysm.

Greater chance of cure from nature left to herself, than when powers are wasted by excessive depletion. 1st. In cases arising from physical causes. From blows on the head. At the commencement, depletion very freely, according to the strength of the patient; much more than in those from moral causes. Copious bleeding from the temporal artery, free purging, with calomel and extract of colocynth, and cold applications to the shaved head, most to be depended on. Taking, at the same time, nitrate of potash in ten-grain doses, with small nauseating doses of tartar emetic; the extremities being kept warm, with bottles of hot water, or even stimulated with mustard poultices. Apartments well ventilated; and all noise and light excluded. As much blood as the constitution is able to bear being drawn, if inflammatory action is still violent; local bleeding, by leeches or cupping, as convenient; and digitalis with nitrate of potash. Objects to large doses of digitalis, as dangerous; thinks small ones, frequently repeated, have a more lasting and salutary effect. From 5 to 10 drops three or four times a day enough to begin with; increased according to the necessity of the case, and the strength of the patient. Not unfrequently, the stomach is so weakened by the above contra-inflammatory medicines, that it is unable to digest food to restore the system: here, bitters, stimulating tonics, and exercise in the open air, necessary. If, from above remedies, the patient fail to recover, treatment and symptoms similar to cases from moral causes. If a portion of bone be depressed, pressure to be removed, before any other remedy attempted: e. g., a case of Sir A. Cooper.

From coup de soleil.—Here no time is to be lost in vigorous application of foregoing remedies. Blisters on the head are inefficacious; they irritate, and prevent the application of ice or cold water, which often has instantaneous and salutary effects: not unfrequently, when sleepless for several days and nights, on shaving the head and applying cold to it, while warmth is applied to the extremities, the patient has almost instantaneously fallen asleep. If the disease continue, treatment similar to cases from moral causes. *From being several days in a state of intoxication.*—If the patient be strong, and his system not previously debilitated by a habit of spirit drinking, treatment similar to the above applies. Sudden and very considerable depletion may be salutary. *Case.*—A seaman; very intemperate; sent to the workhouse; leaped out of the window; thought that the devil pursued him everywhere, and that he could escape if he cut his throat; did so superficially; much bleeding followed, and insanity immediately vanished.

Where the patient is ungovernable, the best mode is, to have so many attendants present, as to make him feel resistance useless. Simplest and best method of confinement is, a pair of wide canvass sleeves, connected by a broad shoulder strap; the part covering the hand to be glove-like, and of stiff leather; the arms hanging by the sides; behind, a strap across the loins, from one sleeve to the other, above the elbow, and one below; three similar ones in front, secured by buckles or locks: less heating than the strait jacket, and no pressure anywhere. When requisite to secure the feet, use two leathern straps, lined with wool, round the ankles, and secured to the bed by staples. If the patient toss the clothes off the bed, a thick quilt may be fastened over blankets, by

three leather straps to the sides of the bed. In all coercive measures, the greatest mildness and forbearance: even where numbers are necessary, under the soothing influence of a favoured attendant, the end may be obtained, the mind being subdued by the presence of others. Another very convenient and easy mode of confinement is, by an arm-chair: each arm a padded box, enclosing the arm of the patient, loosely, from a little below the elbow to the wrist, leaving the hand at liberty: a board, forming a rest, attached by hinges to one arm of the chair, and fastened to the other. To fasten the body only, without the arms, the boxes to be opened, and a loose strap passed in front of the body, through two holes at the back of the chair, and there fastened. For warmth, in cold weather, a footboard, perforated with holes, and warm water under it.

2nd. In cases arising from moral causes.—Treatment, medical and moral. In the commencement, functions of the stomach, liver, bowels, or kidneys, being usually disordered, it is necessary, by proper medical means, to restore them to right action: except the treatment with regard to disease of the brain, per se, the remedies are the same, as when these organs are diseased from other causes. Here, large bleedings and copious evacuations are not useful, as in cases from physical causes. Recommends local depletion: head to be shaved, and to parts of the scalp, under which there is probably excess of circulation, leeches or cupping; a small quantity of blood being abstracted at each bleeding: to the phrenological faculty, pointed out by heat and pain, and, if not, by the character of deranged ideas or delusions. On similar principle, periodical exacerbations in chronic cases, are relieved and shortened by leeches and cups. He has not, however, tried the experiment of putting them on parts not involved phrenologically, as not justifiable. Head to be kept cool by ice, or cold applications: ice is the best refrigerant; and every public institution should have an icehouse. Applied most conveniently, by powdering it tolerably small, and putting it in a cap made of waterproof cotton, which prevents its water from running down the neck and face. If ice cannot be obtained, use cold water or weak vinegar and water; but always something cooling to the shaved head, until it becomes cool. The shower bath is here sometimes used, but, he thinks, not with the same advantage, on account of reaction. Lower extremities to be kept warm; and if other means are inefficient, mustard poultices to the feet with advantage: particularly where the whole surface of the head is excessively hot. Some cases require the lancet; but it must be used with caution, even in strongest plethoric. For watchfulness, in insanity, opium is rarely admissible; as it more frequently creates heat and general febrile action, than procures sleep: if given at all, to be with ipecacuanha; from 5 to 10 grains of which, at bedtime, sometimes useful, most probably from action on the skin. Cold, to the shaved head, is the most effectual means to procure sleep, in the first stage of disease; and exercise out of doors is afterwards useful: has repeatedly seen patients violently excited, and many days and nights without sleep, notwithstanding hop-pillows, and various narcotics; sink into most comfortable repose, from pediluvium, and cold to the shaved head. Thinks, by rocking a patient in bed; person rocking being out of the room, there would be a tendency to produce sleep. In first stage, particularly necessary to allay irritation, and procure sleep by cold, as above stated; and avoid narcotics and hearty suppers; nor use porter and other stimulants, as some recommend. Empty stomach prevents sleep in chronic stage, but

not here. Diet to be as low as the patient can bear; certainly never stimulating; and may, in general, be confined to gruel, milk, and pudding. Balm tea, the most refreshing diluent for the thirst which is usually felt in these cases. As violence of the disease abates, a more generous diet. If cold and exercise are not sufficient to procure sleep, give extract. hioseyani, gr. v., or tinct. digitalis, gtt. xv.—xx. at bedtime, with advantage, in any stage of the disease. Has found the following draught useful: \mathcal{R} Mistur. camphor., 1 oz.; liq. ammon. acet., 2 dr.; tinct. digitalis, 15 minims; tinct. hyoseyam., $\frac{1}{2}$ dr.; syr. balsam, 1 dr. Mix. In allaying irritation, scarcely a remedy so powerful as the warm bath; few upon whom it has no salutary effect: may be used twice or thrice a week, or even every day, if necessary. Very salutary to apply cold to the head, while the patient is in the warm bath. When, from furred tongue, and other symptoms, the stomach is thought foul, quickest relief is an emetic. For torpid bowels and urinary organs, as in many cases, it is best to give small, but repeated doses of medicines acting on them; and, if necessary, increased until the end is attained. Often, after doing this, it is necessary to use croton oil; from one to two drops every four hours, to get the bowels freely opened. In other instances, very small doses of cathartics are sufficient. No purgatives when the secretions of the bowels are in a healthy state; or in greater doses than to keep them moderately open. When plethoric, neutral salts best. Where circulation is deficient, or digestive organs much impaired, calomel with aromatic pill to be preferred. But, on the whole, the purgative, as in other diseases, is to be selected so as to suit the indication. The medical attendant should inspect the egesta himself; very little reliance to be placed in servants, and often no knowledge from patients; thus to act is, then, the only guide. Where the urinary secretion is deficient, and also where it is requisite to reduce the circulation, he has found the following prescription very useful: Tinct. digital., tinct. scilla, \mathfrak{aa} . $\frac{1}{2}$ oz.; vin. antim. tart., sp. æther. nitr., \mathfrak{aa} . 1 oz. Mix. Usually gives gtt. xxx. three or four times a day, with gr. x. of nitre. In every stage, great attention to be paid to state of skin. When hot and dry, and secretions deficient, nitre, gr. v., tartar emetic, $\frac{1}{4}$ or $\frac{1}{2}$ gr., and a little sugar, every four hours.

Though profuse bleedings and violent purgings generally used in mania, and tonics and stimulants in very early stage of melancholia, he thinks a similar medical treatment applies to both, as being from a similar proximate cause. Where phrenitis exists, immediate recourse to copious bleedings from the system, from a large orifice, and local bleedings generally subsequently necessary. In cases of mania, violence of patient and quickness of pulse greatly reduced by doses of sulphate of magnesia, with half a grain of tartar emetic every three hours, until copious vomiting and stools produced. Small nauseating doses of tartar emetic also advantageous in early stages of melancholia, even where the stomach appears out of order, and appetite and relish for food seem lost.

Case, showing the ordinary result of above treatment.—A female, æt. 65; only a few weeks; greatly agitated; head hot; bowels confined; pulse one hundred and twenty, and full. Head shaved; leeches to it; an emetic and purgatives; nitrate of potash and digitalis every four hours. Pulse thus reduced in frequency, and general secretions improved: but cerebral irritation and extreme heat in upper part of head continued unabated. Bleeding by leeches twice repeated; cold lotion some time before heat and irritation removed: with necessary low diet, these means

relieved her very considerably. Mind gradually more composed; recovered mentally and bodily in a few weeks. *Case*, showing ordinary result of above treatment.—A Pole; found in street in a furious state of mania; head hot, particularly in region of temples; extremities cold; tongue furred. Head shaved, and lotion to it; extremities kept warm; bowels opened by calomel and colocynth; cupping-glasses to temples; blister to back of neck; nitre, gr. x., with gtt. xxx. of following: R Tinct. digital., tinct. seillæ, ãñ. 2 dr.; sp. æther. nitr., vin. antim. tart., ãñ. ½ oz. Mix. Three times daily. Powers of mind and body gradually restored. Plan continued but with little improvement for fourteen days. Another blister to back of neck; calomel and colocynth repeated, but drops omitted. Debility shown by thinness and reduction of strength, and some small ulcers on lower extremities. More nutritious diet; sulphate of quinine, gr. i. thrice daily; as he continued restless at night, extract of hyoseyamus, gr. v. at bedtime. Slept better, but still mischievous, and sometimes dirty. Plan persevered in; and heat of head and maniacal symptoms gradually abated. Hyoseyamus soon unnecessary; and, to strengthen general health and constitution, shower bath. Gradually recovered, mentally and bodily, in four months. *Case*, showing the propriety of small doses, especially digitalis.—Only a short time; head hot, and complains of pain at the top; tongue white and furred; pulse eighty-six, and full; bowels costive; mind much excited, and wild. Head shaved, and the evaporating lotion to it; extremities kept warm; an emetic, and bowels opened by a solution of sulphate of magnesia, followed by the mixture containing gr. x. of nitre and gtt. xxx. of foregoing drops in each dose, thrice daily; balm tea when thirsty. Emetic and purgatives operated freely: head cooled by application, and hence no leeches or cups. Next day feet warm, pulse soft, but preceding night restless. Lotion omitted, for which, cloths dipped in a solution of half a drachm of hyoseyamus, in a pint of water, kept continually wrapped about his head, and the other remedies continued: change of lotion an experiment; no opinion as to its influence in the subsequent amendment. In three days symptoms abated, pulse reduced in frequency and fulness, and slept better. At end of week, pulse lowered to sixty; tongue clean; bowels open. Remedies discontinued. Mind became gradually less excited; more generous diet; farther medicine unnecessary. In sixteen days from commencement rapidly improving. *Case*, showing that when the brain is in a great state of excitement, functions not performed in a healthy manner, and sometimes powerful medicine requisite to restore them to healthy action.—Æt. 55; of very active and diligent habits, and high moral and religious principles. Became taciturn and gloomy in manner, and appeared dissatisfied and discontented; sleep at first only disturbed, at length laid awake nearly the whole night; lost his appetite, and became generally unwell. An aperient, prescribed by his physician, often refused, and consequently got worse daily. Confined himself almost entirely to the house, and, as winter approached, to his room. So four months when I saw him. Very much dejected; morbid religious feelings; thin; bowels habitually very costive; head hot; pulse ninety. As no one at home had any influence, recommended his removal, leeches, cold applications to head; calomel and extract of colocynth: all of these rejected. Six weeks after, again sent for to see him: added to other sufferings, complained of numbness in one of his limbs; other symptoms denoting alarming fulness of blood in the head. Removed from home; head shaved;

and all upper part being very hot, it was bled with leeches, and evaporating lotion was applied. Secretions from bowels and kidneys very deficient; calomel and colocynth in powerful doses without effect; necessary not only to repeat the pills, but to give castor oil, sulphate of magnesia, enemas, and, lastly, croton oil in two-drop doses, before an evacuation could be obtained. Not more than half a pint of urine sometimes in twenty-four hours: diuretics with neutral salts, in conjunction with extract. taraxaci and pil. hydrarg., overcame obstruction. Firm but kind treatment, conquered self-will; by degrees not only got down stairs, but induced to walk in open air. Tongue generally furred; pulse between ninety and a hundred; appetite deficient; head continued hot; necessary to keep it constantly cool with evaporating lotion, and repeated local bleeding. Not till several weeks, when cerebral excitement evidently abated, that there was any improvement in the secretions: unusually large doses of purgatives constantly required, to keep bowels open, and diuretics for urinary organs. Steadily pursuing this plan, pulse after some weeks began to abate in frequency, tongue became cleaner, and head cooler. Nervous system simultaneously with the diminution of cerebral irritation, restored to equilibrium, hydroptic viscera more easily acted upon, until functions performed without medicine. At the end of three months, well enough to take a journey in the country.

His plan of treating incipient insanity the best he knows of, but many cases in which it is slow and uncertain. Thinks there must be a specific in nature, though unknown at present.

Moral Treatment.—The first object is, to remove the exciting cause. If disease has arisen from objects acting too powerfully on the brain, removal to other scenes, and medical treatment. A new domestic at Hanwell was so excited in mind by the presence of the patients, that they were constantly before him mentally; lost his appetite and sleep: removal to other scenes and medical treatment soon restored him. Whenever caused by anxiety, if the subject of anxiety can possibly be removed, one grand difficulty is overcome. A merchant formerly in extensive business became involved, was arrested, and sent to prison. Being a man of keen feelings, anxiety on account of a large family brought on watchfulness and the usual symptoms of insanity. Creditor released him; his family was provided for; and his health was speedily restored, and insanity arrested. If the exciting cause cannot be removed, should be placed where habits will be broken in upon, and no association connected with such object. If the attack be just commencing, an excursion in a fine country is very good; attended by a physician to furnish physical remedies; knew an instance of the former failing, by not attending to the latter: this is better than a residence in a foreign capital. If not rich enough for this, should be immediately removed from home, and placed under medical care.

The first step of the medical man should be, to gain the confidence of the patients, by kind treatment and solicitude for their welfare. Next, to engage their attention by some new object, useful employment, or other active recreation; first ascertaining that no irritation of brain is left; for in this case it is injurious. To be kept as quiet as possible, without exercise or work, until all symptoms of excessive circulation in the brain are removed by medicines. To induce them to labour, when unwilling, or to attain any other wished-for purpose, discover what they

like or dislike ; and by granting or withholding it, obtain your end. Ascertain their tastes and habits : explain the reason of your conduct, and that, by doing otherwise, you would be failing in your duty. An incurable female was constantly wringing her hands and moaning ; to keep her from it, liberty and confinement, indulgence and privation, were equally ineffectual. Seemed to dislike open air : kept in it every day for two months ; at end of which time, bodily health greatly improved, and noise diminished ; and she expressed dislike at going out. Promised if she would not moan, and would sew, to let her stay in. Did so, and a hint kept her from it thereafter. More easily induced to work at trades to which they have been brought up, than to try anything new. Trusts even suicidal with tools : parts of gardening in which no tools are used best for them. A suicidal carpenter took so much interest in building a moss-house or grotto, that he was thus cured. Violent patients to work by themselves, or with a harmless one. Every means to be invented for calling into exercise as many of the mental faculties as remain capable of employment : should be surrounded with objects calculated to attract attention, and to divert the mind from the contemplation of its sufferings. In an asylum for the rich, should have every possible agreeable object, &c. : science and the fine arts ; music-room ; lectures, &c. Appeal to the moral feelings of charity by inducing them to work for the poor ; the religious, working for some religious purpose. Much to be done by kindness, and scrupulous attention to the polite etiquette of society, even with those in whom reason is almost extinct. *Case.*—Patient intrusted to two ignorant, stout attendants : maniacal violence in acute stage of disease made them treat him without respect or decency afterwards. In continued confinement for years, and fingers thus became twisted over each other, and he lost his sensibility to the calls of nature ; in taking an airing, tied to the bottom of the chaise. No solace to wounded pride, and constant irritation from such associates. Removed to Hanwell : different society, kind, soothing, and respectful manners, the absence of all restraint, except during the paroxysm, rendered him cleanly, and exempt from exacerbation for six weeks together. Friction restored use of muscles. *Case.*—A person of great talent and strong feelings, accustomed to elegant and refined society, became insane from too anxious thought on religious subjects : first maniacal, then melancholy. Taken from home, and for several years generally kept under personal restraint ; society being only that of immediate attendants, or other insane persons. Passions entirely without control ; language abusive and violent, though still capable of giving answers to most questions. From confinement, paleness and emaciation. After many years, placed where he could associate with a polite family circle, on condition of banishment to private apartments if he gave way to his feelings. Habit of self-control was thus superinduced, and if at any time incapable of it, he voluntarily retired to his private apartments. These times became gradually less frequent ; and except particular attacks, when he kept his room, no symptoms of violence, and very few of derangement, exhibited. Bodily health quite reinstated by exercise in the open air. Of great importance to ascertain the ruling passion, as an appeal to it may often divert attention, and avert violent measures. *Case.*—A female for several days refused to take food, and preparations were made to use the stomach-pump : Mrs. Ellis discovered great acquisitiveness in her, talked to her of former habits, cows, poultry ; and talking of gain from butter, as though uncon-

sciously, she permitted herself to be fed with bread and milk. *Case.*—Checking one set of feelings, by exciting another. In the garden, one patient quarrelled with another, and threatened to kill him with a knife which he had in his hand: a third ran to give the alarm; Mrs. Ellis returned with him, and told the one with the knife, that she was surprised to see a man of his talents and understanding, disputing with one whom he knew to have been insane for several years: he at once became quiet, self-esteem being gratified. *Case.*—A large chisel was left in one of the wards, which a powerful and violent patient seized, and threatened to kill any one that approached him. Dr. Ellis went in balancing a key of the ward on the back of his hand; called to it the attention of the patient, who asked what he was doing. Told him he was trying to balance his key, and that he could not balance his chisel thus; on trying it, Dr. Ellis immediately quietly took it off. To appeal to philoprogenitiveness sometimes: frequently known a patient in a state of great excitement for some time, become quite calm on the sight of a child, and amuse herself for hours, in attending to it. Indeed when strongly marked, conversation on the subject, judiciously timed, rarely fails to soothe and have salutary effects. Presence of mind, and apparent confidence, of advantage. A female in a furious ebullition of passion, seized Mrs. Ellis by the hair on the back of her head, and told her she could “twist her head round;” she answered with perfect calmness, “Yes, you could, but I know you would not hurt a single hair.” Immediately pacified. Occasionally acknowledging the delusion, may be used with advantage; though he scarcely knows whether it be right. A patient thinking herself bewitched, passed the night in fighting the imaginary witches, and suffered in health for want of sleep. A charm pretended; a little coloured milk to the face, and to remain quiet with closed eyes, or the charm would be broken: thus continuing the milk, bodily health improved. Fear may sometimes be worked upon as a moral means of cure: more easily worked upon by talking to others in their presence, than by direct threats. Constant moaning of a poor girl at night disturbed other patients, and they asked her removal: represented, in her presence, painful situation, and severe measures, if removed; made no noise after this, and eventually got well. Apart from derangement, a patient is sometimes obstinate and perverse; and here, shock of an electrifying machine is beneficial sometimes; also the shower bath; and more so, the circular swing. Should never have recourse to these, until all other means have failed; and then only from express orders of the medical superintendent, who ought to be present when the latter is applied. Patient perseverance in kindness, with indulgence as a reward of good conduct, and great firmness, are the requisite means of overcoming obstinacy: many patients, never taught when sane, to exercise self-control, gradually become quiet and orderly, and are restored to reason. Kind and judicious conversation a powerful moral means of cure. On interviews with friends, only the bright side of things at home to be told. Interviews more injurious in cases from moral causes than physical. Desirable that the superintendent should hear from their friends, as letting them know that their friends think of them, may awaken dormant feelings of affection. Religious instruction found to be of greatest benefit at Wakefield and Hanwell. If intense thought on religious subjects caused the disease, then neither religious books nor conversation, but only medical means. Care in giving uncontrolled management of

himself to the patient immediately after recovery ; for fear of old associations on the weakened brain.

3d. In cases from sympathy.—Many from diseased chylopoetic viscera. First restore secretions to healthy action by ordinary medical remedies. Will rarely bear excessive bleedings : prudent, in first instance at least, not to use very violent medicines, or in very large doses. Otherwise, medical treatment nearly the same as though the patient were sane. Great attention to state of head : whenever heat or pain, cold applications and local bleedings to be carefully used. Many suffer exceedingly from moral remedies being alone used, diseased viscera being unattended to, because a moral cause suspected. *Case*.—Female ; æt. 45 ; nursery-maid. Became gradually melancholy and inactive, and lost affec-tion. Catamenia regular, bowels not costive : supposed cause mental, and only moral remedies. No good from them ; brought to asylum. On minute inquiry, Dr. Ellis attributed it to sympathy with diseased abdominal viscera. Purgatives, alteratives, the warm bath, and afterwards tonics persevered in for some time ; employment also. In a few weeks striking amendment visible ; in three months recovered.

When from suppression of natural evacuations, these to be relieved. If from sudden stoppage of some artificial discharge, necessary to reproduce it by artificial means.

If from drunkenness, and it be the first attack, the patient being young and comparatively healthy, little more necessary than to keep the head cool ; diverting the blood to the extremities, keeping the bowels open and allaying irritation by effervescing draughts, with small doses of sulphate of magnesia ; after the incipient stage gone off, some mild tonic. When the practice has been of long continuance, and the patient is of declining years, even though first attack, collapse often so great, that the patient would sink at once, if stimulus was withheld immediately. *Case*.—Once a respectable bookseller ; from intemperance sunk to pauperism ; nearly seventy ; appeared fast sinking into fatuity ; so reduced in bodily health, that there seemed little hope of his living. In workhouse a few days, where potations were stopped, and he was then carried to Hanwell. Pulse intermittent ; so feeble as to be scarcely felt, and appetite gone. By timely application of stimulus—brandy, rallied. By great care, and accommodating diet to weakened digestive organs, he got well, and was discharged.

Puerperal Insanity.—Prior to delivery, generally inflammatory diathesis, and antiphlogistics and bleeding to be applied ; great caution, particularly in the latter. Those after delivery, generally brought to Hanwell many weeks or months after the commencement, and the lacteal and other secretions generally diseased, if not suppressed ; first thing, these to be restored ; warm bath ; diaphoretics ; gentle aperients ; camphor mixture with tincture of digitalis, or tincture of hyoscyamus. Often very useful in procuring sleep. But shaving the head and perseverance in the application of cold to it the best means of lessening irritability in this, as in every stage of acute insanity. When from uterine hemorrhage, tonics ; and a mild nutritious diet, given frequently, but in small quantities at a time ; moderate exercise in the open air, and bowels to be kept tolerably open ; and all excitement, particularly presence and conversation of relatives and friends, as much as possible to be avoided. During whole continuance, strictest watchfulness to prevent suicide,

which is frequently unexpected and sudden. As soon as capable of being trusted, presence of child very beneficial.

From inanition and the attendant operation of anxiety.—Here great languor, and a feeble pulse; generally a long catalogue of dyspeptic symptoms. Bodily health to be restored; and a mild nutritious, but by no means stimulating diet, to be given; head to be kept cool; and as strength permits, if exceedingly hot, or much pain in it, small local bleedings with advantage. If from profuse hemorrhage, treatment as mentioned under puerperal insanity from the same cause.

Chronic Insanity.—Symptoms of exacerbations being similar to those of incipient insanity, require similar treatment. Watching for their first appearance, and keeping the patient at once perfectly quiet, using small local bleedings and other medical treatment; attacks otherwise lasting many weeks, frequently stopped in a few days, and with comparatively little increased diseased organization of the brain. In the intervals, employment according to capacity, with firm and kind moral treatment, best means of increasing general health, of contributing to comfort, and prolonging period of convalescence. In many cases of long standing, and when the mind is habituated to an erroneous train of thinking, careful perseverance has gradually prolonged the period of comparative convalescence, and diminished the length and violence of the exacerbation, until attention was occupied, and mind by degrees weaned from morbid feelings; and patient became sane.

Without previous knowledge of the patient's habits, he has met with instances, in which he was led to adopt a particular moral treatment from the phrenological character of the head, which plan of treatment was subsequently proved to be correct. A bazar was established at Hanwell by Mrs. Ellis: thinks this the most beneficial contrivance for the happy occupation of the patients. *Case.*—Female, insane a long time before admission; subject to frequent and violent paroxysms; previously to establishment of bazar, no persuasion could induce her to work. As soon as established, spent her time in minutely working collars and ladies' dresses. This her own selection: this so absorbed her attention, that having exhibited no signs of insanity for a long time, she was discharged cured. Reward of a little tea, tobacco, beer, or some other luxury congenial to his taste, with a little management, generally sufficient to induce the patient to work. Each patient at Hanwell takes the warm bath every week. Where it is clear that improper act arises solely from wickedness, patient to be dealt with as a moral agent; and its recurrence to be prevented by making it understood, that repetition will be attended with some positive inconvenience, or the deprivation of some enjoyment. If patients at Hanwell in good health and in a proper state to work, they are allowed no beer, and every little indulgence is withheld so long as they are idle.

Where, in epileptic insanity, the disease seems seated in the head, almost invariably incurable, whatever remedy be tried. If from teething, worms, or other sources of abdominal irritation, removal of the cause effects a cure. Strict diet, avoiding mental irritation, and keeping the bowels soluble, will often diminish the frequency and violence of the paroxysms. He and his colleagues had tried ineffectually, in the above cases, all the usual remedies, as setons, blisters, &c., likely and unlikely. In a female, where the cause of irritation appeared to be in the intestines, turpentine of great use; and she perfectly recovered, after taking it some

time. In the diseases of the insane, as the nervous system is in general under diseased action, all remedies to be applied with caution ; and this to be particularly attended to in the use of depletions and vegetable poisons.

From secret vice.—If patient alive to its consequences, so as to be induced to restrain himself, he may be restored. To assist his resolution, his hands should be secured on going to bed. To sleep upon a hard mattress, without curtains ; room should be particularly airy. Cold abutions about genitals and loins to be constantly applied ; exercise in the open air ; diet to be nutritious, and bowels to be kept moderately open by cooling aperients. But the tincture of cantharides most effectual cure ; gives it in doses of from twenty to thirty drops, three times a day, increasing or diminishing according to their effect. In a patient naturally libidinous, but subject to periodical exacerbations of these feelings, the back part of the head and the neck being then hotter than other parts : shaving the head, cupping and cold applications, with small doses of nitre and tartar emetic, tend materially to abate the paroxysm.*

E B E R L E .

A TREATISE ON THE PRACTICE OF MEDICINE. By John Eberle, M.D., Professor of Materia Medica and Botany in the Ohio Medical College, &c. Fourth Edition. 1838.

Article—*Mental Derangement.*

MUCH more to be effected, in general, by kind and humane treatment, and comfortable seclusion, than by medicines. To be soothed and comforted ; but conduct to be suited to the character of the case. Air and exercise. Games. Travelling. Insane idea must neither be wholly agreed to, nor directly contradicted. Where disease turns upon some prominent idea or passion, much benefit sometimes from exciting some counteracting emotion. Esquirol mentions a melancholic who had his intellectual energies restored by being told that he had a lawsuit on hand. If a melancholic be harassed by ennui, inflict on him real privations. If a patient, says Esquirol, imagine himself abandoned by his relations, may sometimes promote his recovery by depriving him of all testimony of their affection. The attempt to laugh a hypochondriac out of his delusion is generally injurious and unavailing. During excitement, coercion sometimes necessary : Haslam's best mode. In Dubnison's private institution, an arm-chair is used as a mode—high back and footboard : arms, legs, feet, and body fastened to it by strong and broad straps furnished with buckles. Confinement, darkness, solitude, low diet, and cold affusions, rarely fail to subdue the most furious maniacs.

Medical Treatment.—Bloodletting formerly much more resorted to than now. Pinel says, old-established *traitement de l'Hôtel Dieu*, almost entirely repeated bloodlettings. In the Parisian and English institutions, now but rarely employed. Still abstraction of blood will often contribute considerably to the reduction and removal of acute mania ; and may be safely and advantageously resorted to when the pulse is full and active, or tense, corded, and quick, with great wakefulness, redness of the eyes,

* These patients usually exhibit great symptoms of debility depressed spirits, a pale, languid countenance, a weak, quick pulse, cold, clammy perspiration on the skin, and particularly on the hands ; great drowsiness, and often a voracious appetite ; general languor, and inability for either bodily or mental exercise.

a ferocious countenance, and noisy and refractory behaviour. When grade of phrenitis assumed, with raving delirium, a hard, bounding pulse, throbbing carotids, prompt and free venesection cannot properly be dispensed with. Georget says, that in cases occurring about puberty, being plethoric usually, repeated small bleedings are particularly useful; also at the turn of life in females. When attended with suppression of an habitual sanguineous discharge, cupping or leeching near part sometimes beneficial. In monomania, and generally in all varieties unattended with paroxysms of high cerebral excitement, bleeding can do no good, and may prove permanently injurious.

Purgatives often very useful auxiliaries. If bowels in a loaded condition, or irritated by vitiated secretions, where the tongue is furred, with pain on pressure in the region of the liver, hard abdomen, and constipation, active purgation particularly proper. In these cases (enteric mania), Prichard uses oil of turpentine and castor oil. Esquirol prefers mercurials to excite bile: and where tension and tenderness exist in right hypochondrium, can be little doubt of their superiority. If verminous irritation, anthelmintics, in conjunction or alternation with active purgatives. Infusion of root of spigelia, followed by a full dose of turpentine and castor oil, generally best. *Emetics* occasionally advantageous in milder forms, more especially in melancholia, and recent hypochondriasis. Improper where much febrile excitement or cerebral irritation. Esquirol has found them useful in puerperal mania. *Mercury* much recommended by some writers, whilst others condemn it. As an alterative, may be used, occasionally, with very considerable advantage in chronic mania, particularly where attended with prominent functional disorder of biliary organs. *Narcotics* and *antispasmodics* formerly much employed, and although by no means generally applicable, may, in some cases, be used with advantage, after general indications been adequately attended to. Regimen, exercise, purgatives, and warm bath, commonly do more towards procuring sleep, than any other remedies. *Opium* always increases wakefulness, and if in strong doses before general and cerebral excitement have subsided, rarely fails to aggravate disease. In chronic mania from secret vice, *camphor* been recommended, but rarely beneficial, and often injurious. Dr. Knight finds, as a very useful soporific in mania, unattended with congestion in brain, or a general phlogistic habit—camphor, gr. x.; extract of hyoseyamus, gr. x. Georget recommends emmenagogues, with mustard pediluvia, hip baths, and leeches to puerperal mania, in cases attended with suppressed menstruation and cephalalgia. The *warm bath* a cardinal remedy in the Parisian hospitals. In the Salpêtrière, women use it two or three times weekly; remaining in it from a half to two hours. Esquirol says, patients of a thin, nervous, and irritable habit of body, may be kept in it a very considerable time with advantage. When vessels of head strongly congested, and much cerebral irritation present, clothes saturated with *cold* water to be applied to head, while in it. Heat of water to be about 99° or 100° of Fahrenheit. *Cold bath* been much employed. In the young, robust, and sanguineous, particularly when skin dry and preternaturally warm, considerable benefit will occasionally accrue from cold affusions. More advantage from cold water or ice to the head, in young and excited maniacs with much sanguineous determination to brain. In early stages of mania, says Esquirol, where much headache, redness of the face and eyes, and turgidity of the vessels of the head, *cold affusions*, from a cock, funnel, or pitch-

er, upon top of head, after leeching or cupping, with stimulating pediluvia and laxative enemata, often produce most excellent effects. Dr. Rush says, signal for removing applications, chilliness, sobbing or weeping. Dubuisson, following Hill and Cox, has applied ether to the head with much advantage. Esquirol formerly used moxas to back of head; latterly discontinued them, as being painful, irritating, and leading the patient to suppose himself a victim to cruelty. Georget speaks strongly in favour of setons, moxa, and blisters to neck, in monomania and other varieties, with stupor, insensibility, and cerebral inactivity: with repeated vomits, these, he says, rouse in the most desperate cases of *aliénés stupides*. The *circular swing* has been used in the institution for lunatics at Glasgow, and "in some cases with wonderful good effects." Dr. Knight says, it possesses immense power in subduing general and cerebral excitement; no danger of apoplexy if not in a furious state when put into the swing. *Music* sometimes has a most soothing influence over the distracted and raving minds of maniacs. Tissot relates a case permanently cured by it.

M A Y O .

ELEMENTS OF THE PATHOLOGY OF THE HUMAN MIND. By Thomas Mayo, M.D., F.R.S. Late Fellow of Oriel College, Oxford, &c. 1838.

THERE are some qualities of the mind which, on account of their excess, oftentimes bringing on insanity, may be considered as in close relation to it; and which require for their healthy state even and well-balanced appetites, affections, and desires. These are not the active principles of the mind, as love of praise; but the passive, as regretfulness, deficiency of hopefulness, fearfulness, selfishness, the moral faculty, the want of sympathy with what is going on around us: active principles, as ambition, without one of the passive, never cause madness. Intellectual states not only consistent with mental health, but also highly preventive of mental disease: this is true of observation, judgment, and reasoning, deductive and inductive. Observation may be made available, even towards the removal of actual insanity: no one who has witnessed the temporary mitigation produced by studies, to which this faculty leads, can doubt its efficacy. A flower, an insect, or a mineral, has often beguiled the restlessness of that disease into temporary self-control, when the mind was previously imbued with a taste for such pursuits. Has witnessed, in some cases, a very beneficial use of intellectual power in averting insanity; when the patient has been able to apply the resources of his understanding to the regulation of his mind, under a consciousness of his own predisposition. Sir James Mackintosh says this was the case with the Rev. Robert Hall. Must study suicidal tendencies in a patient, for if decidedly present, preventive measures are very necessary; which, if not, might tend to impede his cure. In discussing his false perceptions, must not deride, nor absolutely deny them, but say he is in a "minority of one;" for we should lose a clue to his source of action, and diminish his confidence in our promises and assertions, by calling imaginary, what appeals to *his* senses. Rules of education generally most conducive to the well-being of the human mind, are essentially important, when the tendencies in an individual lead us to antici-

pate insanity in him. Virtuous principles to be strengthened, and vicious tendencies to be supplanted by cultivating the cognate virtuous tendencies; for vices arise from impulses, which education may modify. Principles are of the greatest importance, as they give steadiness; which lessens the indecision and regret, to which the insantly predisposed are prone. A high and enlightened religious feeling is the best safeguard against insanity: it strengthens the tendency to hope, and supersedes the anxious regrets so apt to unsettle the will; and its associations are never injurious, except when disease is occasioned by wild and ill-regulated views on this subject. When persons are labouring under too great regret for past conduct, they should be comforted, rather than encouraged in this regret, lest insanity be either brought on, or if present, increased. In one disposed to insanity, to cure too great anxiety about self, make him anxious about others. When too great a fear of shame occurs, appeal from the man *without* to the man *within*. When fear of poverty, the gambling propensity, with which it is often connected, is to be carefully restrained. In such, beware of making choice of an occupation from the most active faculties; for instance, ambition may coexist with a sensitive disposition; the passive faculty is therefore liable to suffer. Besides the profession, should have some branch of thought which is not collateral. When different fancies are coming over the patient, as fear of poverty, plots against him, &c., he is oftentimes struggling against them; these efforts ought to be aided when right, or tranquillized when wrong: they are generally wrong when he attempts to reason himself out of them. Tell him his perceptions will, sooner or later, become different, and thus give him comfort and hope for a change of circumstances. Do not scold him; he wants a moral opiate; try to relax his tension of thought and feeling; help him into listlessness. Though you argue no point, concede no measure: the more resolved he finds you, if firmness be tempered with kindness, the more he will rely on you; he needs your support against his own vagueness and instability. Check him when endeavouring to secure too large a measure of positive enjoyment, and teach him to check himself; with every one, this should be just within occasioning nervous excitement. If regretful, let him think that the recurrence of these feelings is a law of his constitution; and that he is to consider it as commensurate with the strength of the impulse, under which he had previously acted, or resolved to act. If the disease be not warded off by the above, with medical measures, he is to be protected against himself by coercion, gently applied: this, M. Esquirol well remarks, may often be superseded by showing him such an imposing force, as to convince him of the futility of opposition. Perfect quiet and a darkened room, important. In the second, or paroxysmal stage; and in the third, or when worn off, he submits much more easily to restraints, than in the first, or incubative stage: indeed, with unexpected patience. At the commencement, separation from his family and friends is generally indispensable. You totally change his associations; the management is more calm than that exercised by his family; it is better for his after intercourse with his family, that they should not have been his keepers; and he is urged to control himself, by the desire of obtaining liberty. In third stage the "tempora fandi," opportunities of making an effective remark, are to be carefully watched for. Suggestions vividly and pointedly made of incongruities of thought and conduct, often appear to rouse patient from apathy, to a consciousness of his condition. Mind darkens

again: but vestiges of impression made, often visible in his subsequent conduct. Many such alternations during convalescence. The experienced know how to improve the opportunities thus afforded, without encouraging precipitate expectations of enlargement, or making use of stimulating topics in conversation. A valuable influence to be obtained over the insane mind through the medium of its sympathies—action of a stronger on a weakened mind; when they sympathize they are disposed to imitate; and associations are thus influenced. Much skill in distinguishing ideas belonging to the disease, and those which are sane. Control over trains of thought sometimes returns very suddenly: of immense importance for the chain not to escape his grasp: if sympathies secured, train of thought sanctioned by a judicious physician, recommended thus in some measure to his attention: his recovery becomes rapid in his own eyes, if countersigned, as it were, by the opinion of his friend. *Case.*—Three years; a large portion of which Ticehurst; alternately lucid intervals and paroxysms, each lasting for some weeks. At the commencement of one of the lucid intervals, announced to the proprietor, that he should never have another attack; never before made a similar remark. I went over to Ticehurst and formally stated to the patient, that I accepted with pleasure his own announcement of recovery; that I believed he was correct in his opinion; it only remained to give himself and me some proof of the soundness of his impression, by spending a portion of time, which I named, at the establishment. Never relapsed.

Medical Treatment.—The medical and hygienic measures preventing insanity, are those which most tend to secure the general health of the patient, according to the laws of his temperament. His remarks with respect to curative measures apply to four points—depletory agents, sedatives, tonics, and counter-irritants.

With regard to depletion, two things to be considered: the exhausting nature of the complaint, and its affinity to inflammation of the brain. Latter a reason for depletion in some cases; former for moderation in all cases. Various aptitude of men in relation to temperament, an important topic in deciding this. A well-timed bloodletting in first stages, removes a physical obstacle to self-control, under the sanguineous or bilious temperament, or one compounded of these two. With difficulty finds place in the nervous temperament: vital powers too rapidly squandered with a lowering treatment, when at the same time the nature of the disease involves a rapid expenditure of nervous energy; besides, they can ill support the reaction succeeding a loss of blood. When the powers of self-control in such are wavering, interval between this state and delirium or incertency short; any physical procedure hurrying the circulation, tends to carry a predisposed person across it. *Case.*—Middle-aged; for some time in first stage; a few leeches to temples, which her dull and oppressed look, and robust figure, seemed to indicate, developed the disease. She became instantly very delirious, laughing and chatting incessantly; and in this situation at my next visit four months after. The bilious character of the case made us overlook its nervous phenomena. *Case.*—1835. In this, similar practice would have probably led to similar results as in the last. Lady had taken, by my direction, some mild, alterative aperients, and a cordial mixture for six days. Said by letter, “feel a whirl about my head as if too tight; as if air got in, and made a whistling or rushing about my ears, or could fancy it voices talk-

ing to me. Feel a reluctance to apply myself to anything ; to work a sum with my children, seems too great a strain on the forehead ; forget it as soon as I read a page, or hear any conversation ; even if I desire it to make an impression. In 1818, a slight illness in Paris, and possibly from over excitement, a tendency to imagine things different from what they really were. This always made me anxious during my confinement, and at other times, to keep myself as tranquil as possible. Never any return. But have felt for some time unwilling to attempt mental exertion. Remember once at —, taking some *bark* and *cayenne* pepper ; and it seemed to clear my ideas, and make my mind more collected." The writer describes in the last sentence the practice appropriate to the first-mentioned symptoms. She was of a fine person, æt. 35, of a full flaccid figure, temperament leucophlegmatic and nervous ; but living in a very bracing air, kept herself in a state of fulness, easily simulating the robust sanguine constitution. Had had several children ; and mind kept on stretch by domestic cares ; catamenia free in quantity and regular. If lancet had been used, bad effects would have followed on her powers of self-control. Melancholic, as observed, bear moderate depletion well. The oppressed head and pulse, belonging to this temperament, often require relief from cupping or the lancet. If moderately performed, will probably relieve and lighten without exciting. If encouraged to push depletion farther, may next find patient complaining of an opening and shutting sensation of the head, inability to command his thoughts, and perhaps of a voice whispering to him. Here depletion has been carried too far. In a large and powerful man seen venesection convert quiet melancholia into delirium. *Bilious Case*, cured in first stage.—Venesection had been moderately performed with skill, just before I saw him. Dark-complexioned ; athletic ; æt. 50 ; for some weeks declining into melancholia. Sleeps ill, and feels occasionally as if losing the power of self-direction ; seems to think himself to have become the object of irresistible external agency ; does not, however, hear voices or see figures ; says he is occasionally overtaken by shocking thoughts. (Some years ago attempted to commit suicide.) Such states of mind appear to subside in hysterical crying. Has good and bad days alternating nearly. Latterly lived less temperately than his usual practice. Bowels somewhat confined ; motion light-coloured and heavy ; urine high-coloured. July 8th. Sumat camphoræ, gr. i. ; hydrarg. submuriat., gr. iij. ; ext. colocynth. comp., gr. v., hac nocte. Inf. sennæ, 3xi. ; tinct. sennæ, 3i. ; sulph. magnesiæ, 3ij., cras mane infricetur unguent. antimonii tartaris., nuchæ bis quotidie. 10th. Pil hydrarg., gr. xxv. ; ext. colocynth. comp., gr. xxx. ; scammonæ, gr. vi. ; camphoræ, gr. iv. ; dividantur in pil. xiv., e quibus sumantur ij., alterna quaque nocte. Infus. sennæ, 3xi., tinct. sennæ, 3i., potassæ sulphat. 3i., fiat haust, bis quotidie sumend. 19th. More consecutive in conversation, but still sleeps ill, and says that in the night he wakes up in a state of confusion ; and asks the attendant who sleeps in his room, if he does not hear voices. Pulse is, and has been 54, but not otherwise remarkable. Perstet. 28th. So much better that the attendant is dismissed ; butler now sleeps in his room ; a pustular eruption has been excited ; pulse 60. Alternation of good and bad days ceasing, and shocking thoughts no longer occur to his mind, but still sleeps uncomfortably. Here, full living and neglected bowels, in a person predisposed to bilious congestion, had induced torpor of liver : and this brought on a ten-

dency to melancholy. Main object was, to unload, without depressing. Presence of an attendant was a protection against his own fears, and a motive to use exertion for self-control. In 1818, in a young lady, used a similar depletory plan at the commencement: accidental taking nitrate of potassa 3i., instead of ℥i., thrice daily for a fortnight, produced bloody evacuations, and obstinate vomiting; which appeared very beneficial. Insanity subsided in the commencement of the second stage, and never recurred. Serous temperament obtains most benefit from counter-irritant depletion; though it will bear moderate abstraction of blood. In each temperament, this operation is contra-indicated in the second stage; though sometimes rendered unavoidable by the occurrence of inflammatory symptoms.

Tonics are often indicated by tendency of the disease to exhaustion; but should be modified as to their use, by its liability to proceed in a state nearly allied to inflammation of the brain. In nervous temperament, tonics may prevent this state, by giving steadiness and firmness to the circulation, as in a foregoing case: but in sanguine or bilious, in the first stage, they occasion its inflammatory development. In serous, with strong aperients, often relieve the patient very promptly and effectually. In the second stage inapplicable in all temperaments. In the third stage valuable in every temperament, with this reservation: that their use in each is proportionately cautious or bold, as they were noxious or salutary, in the first stage. Injudicious bleeding injures more than injudicious tonics; the latter may pass off by the bowels, but the former is sure to weaken where depletion is not required.

Purgation is a most important agent, in all stages: here, the temperament to be carefully considered. The bilious and leneophlegmatic or serous bear it well, and often require it to be largely performed: it unloads, and reduces arterial action; the latter quality is less valuable in the sanguine than in the former temperaments. Best practice in this class is, free purgation, preceded by moderate abstraction of blood, in the first stage. This practice, if carefully carried into effect, is also applicable to sanguineo-nervous temperament: these often appear worried and excited by aperients, unless the circulating system has been first directly relieved; and the lancet diminishes the necessity of active aperients.

In nervous temperament, no bloodletting, and temperance in purgatives, generally expedient. Here, sedatives with aperients, are valuable. The intention of sedatives is wise; for by soothing, we give strength, and reduce morbid action. Found digitalis the most valuable sedative; very useful in the second stage of sanguine, or sanguineo-nervous, in the following recipe: *Misturæ camphoræ*, 3xij.; *potassæ nitrat.*, ℥i.; *tincturæ digitalis*, mxxv. M. Ft. haust. ter quotidie sumend. Opium found to be least valuable as a sedative: in a state of sleeplessness, however, it may be prudent to give any agent a trial, which has a fair chance of attaining it. In a case in which this state existed, with a tendency to suicide, gave it with calomel, to convince her of her capacity to sleep, though uneasiness would follow next day. Extracts of henbane and lettuce are useful with camphor, in small doses, and with compound extract of colocynt; for stomachic purgatives obviate the depressing effects of sedatives on digestion. Few sedatives more safe, as well as salutary, than the infusion and tincture of hop. Restoring, or imitating, or finding a substitute for a suppressed eruption, has certainly relieved mental disease. Dr. Jenner's five cases of successful use of unguent. antimonii tartari

zati, conclusive. Of blisters and setons, Haslam speaks distrustfully, and quotes Dr. Monro's opinion, to the same effect. Blisters, setons, and issues form a part, and apparently a beneficial part, of Dr. Priehard's admirable practice. *Case*.—From Dr. Nesse Hill. *Æt.* 70; mother of nineteen children; excellent health until 1809, when she first felt odd uneasiness at her stomach; low spirits, nausea, and aversion to her former food. Not long before these were accompanied by unequal temperature, constipation, disturbed nights, incubus, and frightful dreams; also vertigo, and a sort of "whirligig" in her head, as she termed it. Loss of memory and great terror succeeded; disturbed slumber for an hour or two, being all that she could get during the night; so that every morning, her mental distress was so great, that she declared that she should go out of her senses. Naturally robust, and having excellent spirits, she was now on the verge of melancholy. Suddenly there was a violent itching commencing at both wrists, and running up the arms as far as the elbows; and they were soon covered with a lepra-like sealy eruption. Immediately other complaints receded, and mental disturbance gradually vanished. Various remedies were used to cure the eruption, several doing good; and in proportion as they did so old symptoms returned. Thus ebbed and flowed for three years, till at last was cured by emetics in moderate doses, fasting twice a week; mild saline aperients constantly acting on the bowels; decoct. ulmi cum acid. nitric. dilut. oxygen. muriat. potass., and an issue in the arms. These merely kept soft and clean with vinegar and warm water, until general health improved; when unguente piee et hydrarg. nitrat. p. æ., with a decoction of digitalis, cleared them safely. Here we find counter-irritation not to answer so well as depletory treatment, and artificial is inferior to natural counter-irritation: it therefore suggests a caution. Of twenty-five cases, Dr. Hill used setons in three; in two with great advantage, one of which succeeded a suppressed eruption. Dr. Burrows speaks distrustfully of this system, and justly notices the sloughing sores ung. ant. tart. may produce. Esquirol limits it to monomanias, and some forms of dementia. Mayo is in favour of it, if accompanied by constitutional remedies in the bilious, leucophlegmatic, and sanguine: period, generally the first stage. In the sanguine to be preceded by direct depletion. Perturbing effects spoken of by Esquirol, may be generally imputed to them when applied to the nervous. Large doses, in which ipecacuanha and tartrate of antimony are borne by the patient without vomiting, and their decisive effects in shortening and mitigating the second stage, entitle them to the highest attention. Employment cautiously managed conduces to tranquillity. Gentle manual employment is of great avail in diverting mental irritation; in this, the habits of females are a valuable advantage. To cultivate observation is of the greatest advantage to the intellectual faculties; continuity of action running into incoherency, not implied; and it weans the intellect from false perceptions.

In the Richmond Asylum, small rewards for work done, operate powerfully as a stimulus to exertion. In this institution, a farmer in an apathetic condition was cured, by making two attendants fix his hands to the handles of a barrow, and thus wheel it along. Dr. Mollan, the physi-

cian, says, moreover, that he mainly attributes the recovery of numerous cases to labour, some of which at first were most unpromising.

In the *Dundee Lunatic Asylum*, lunatics who are only occasionally irascible and obstreperous, are quickly relieved by medicine, baths, and seclusion, and generally in a day or two fit to resume their work. As a general rule, says the report, each case requires a general plan of treatment. Various remedies here employed, but no specific. Topical bloodletting of the greatest service; so is dry cupping. Blisters, and a liniment composed of the tincture of cantharides, spirit of hartshorn and croton oil, applied twice or thrice to the shaven scalp, have also proved beneficial. General bloodletting rarely resorted to. Baths of all kinds and cold lotions in constant requisition, and used with great advantage. Calomel, jalap, salts, rhubarb, tartar emetic, colocynth, and croton and castor oils in general use. Grand principle of moral treatment directing the mind of patient from subjects on which it is deranged, to those on which it is not. Occupation, amusements, &c., spoken of in high terms; very bustle of manufacturing considered of service. Public worship.—*Drs. Muckintosh and Nimmo.*

ESQUIROL.

DES MALADIES MENTALES, &c. By E. Esquirol, the *Médecin en Chef* of the Asylum at Charenton, &c. 1838.

Case.—A child nine years old, cured of an ataxic fever, became maniacal; abused his father and sisters, and struck everybody; wept often; did not wish to eat or sleep; noisy; very meagre; diarrhœa. Confided to M. E. 13th Aug., 1814, towards 25th day of new malady: permitted to indulge in all his wildness; placed in the fresh air all day; quinine; tonic regimen; recovered in two months. In hypochondriasis, whose source is in the abdominal viscera, we should shun purgatives. We prescribe them in madness, to create a new centre of irritation, to excite the abdominal viscera when fallen into atony, and to carry off the accumulated matters of the intestinal tube. Their administration is not always followed by a cure: it is often hurtful. *Case.*—A patient refused all sorts of nourishment, imagining that his honour was concerned. After many days' vain persuasion, was carried a paper as if signed by *Napoleon*, ordering him to eat, and freeing his honour from any obligation: he took the order, read it many times, and after a moral contest of many hours, at last ate and was restored to life. Whenever there are no signs of incurability, or when any physical disorder exists, may hope that the madness will eventually cease.

Treatment of Insanity.—From the gestures, looks, countenance, words, actions, movements, from signs imperceptible to all others, the physician often draws first thoughts of treatment in each case. The ancients made treatment consist in the use of hellebore. An accident led to the bath of surprise. The discovery of the circulation of the blood, caused this to be let very freely; the humorists returned to purgatives; the English made application of the precepts, whose basis Areteus and Cœlius had

founded, and which Erasistratus and Galen had so happily applied : they kept this a secret ; Pinel drew forth the secret, and changed the lot of the insane. Chains are broken ; the insane are treated with humanity ; hope gains their hearts, and a more rational therapeutics directs their treatment. It is often necessary, according to the particular circumstances of the case, to vary, combine, and modify our measures, for there is no specific treatment of insanity. All which may act upon the brain directly or indirectly, and modify our thinking being, all which may rule and direct the passions, should be the object of moral treatment. The English, French, and German physicians agree as to necessity and utility of isolation. In what place should isolation be ? I prefer a house for the treatment of mental diseases, to a private residence, fitted up for a patient at great expense. The latter rarely successful. In an asylum, should be a head, under whose undivided jurisdiction everything should be. No rule as to time of continuance of isolation, requires tact to determine. When isolation has been ineffectual, should invite the visits of relatives and friends. These should be sudden and unexpected, in order to excite a lively impression upon the patient ; whilst much prudence and precaution are required in the admission of visits to the convalescent. The prolongation of isolation is less dangerous than its premature cessation. Commencement of madness sometimes resembling the delirium of fever ; it is necessary, in doubtful and difficult cases, to watch the patient several days before deciding. In dementia is not indicated but to prevent the accidents which may occur, and to maintain order and safety. Some lypemaniacs are injured by it on account of the excess of their sensibility. Monomaniacs and maniacs are necessarily isolated. It is inevitable for poor lunatics. It is partial when the patient remains at home, being only isolated from his family and companions. Travelling with his relatives or others is another mode. A third is, placing him in a house and amongst persons unknown to him. And lastly, we isolate a patient by placing him in a house devoted to many of the insane. Isolation acts directly on the brain, and forces it to repose, by withdrawing the patient from irritating impressions, by moderating the exaltation of his ideas and feelings, and repressing the vivacity and mobility of his impressions. By reducing the maniac to the smallest possible number of sensations, we fix his attention by unexpected and often-repeated impressions. It is necessary, on the other hand, to withdraw the monomaniac and the lypemaniac from their strongly-fixed ideas, and force attention to objects foreign to their meditations, disquiet, and delusive pretensions ; necessary to excite enfeebled attention of the demented ; this to be obtained only by shocks, strong impressions, unexpected events, and lively, animated, and brief conversation, for long arguments are useless to the insane. We must always speak with truth and sincerity, employing but the language of reason and benevolence ; but the wish to cure insanity by reasoning and syllogisms, is to misunderstand the clinical history of mental alienation. "*I understand you very well,*" said a young lypemaniac, "*I comprehend your reasoning ; if I were convinced, I would be cured.*" "*I know all this,*" said another, "*I know what I should do ; I wish to do it ; but give me the strength, the power which I want, and you have cured me.*" Here we must apply the disturbing method, by provoking moral impressions, which may dissipate the cloud from the intellect, which may remove the veil interposed between the external world and the patient, which may destroy the morbid associations,

and the charm which keeps in a state of inaction all the active powers. We attain this end, by acting upon the attention, sometimes presenting to them new objects, sometimes making to spring up around them phenomena which arouse, sometimes making them contradict themselves, sometimes by giving in to their ideas, caressing and flattering them. In favouring their desires, we enter into the confidence, a sure token of approaching cure: it is requisite to subdue the entire character of some patients, to conquer their pretensions, to subdue their sallies, to break their pride, whilst we must excite and encourage others. We repress the impetuous fury of a maniac; we sustain depressed spirit of the lypemaniac; we oppose the passions to each other, and reason comes forth from the contest sometimes victorious. Many amongst the fearful do not sleep, kept awake by panic terrors; reassure them by causing some one to lie in their chamber, leaving a light with them during the night. Important, above all, to substitute a real for an imaginary passion. This monomaniac is wearied of all things, though surrounded by profusion; separate him from accustomed habits. A lypemaniac believes himself abandoned by his friends; deprive him of the tokens of affection which he forgets. To combat the self-love, the vanity of some patients, some remarks on the superiority of others, and upon their position; some displeasure, properly managed, have been useful. The exciting passions, love, ambition, have been called to the treatment of the insane. A melancholic is in despair: a lawsuit is pretended, and the desire of defending himself restores his intellectual energy. A military man becomes maniacal; after some months, he is told that a campaign has commenced; he asks permission to rejoin his general, he goes to the army, and arrives there in a state of restoration. I have proved by facts, elsewhere, how precious the moral treatment is, either to prevent the explosion of a paroxysm of madness, to treat the disease, or confirm convalescence. The ancients attached great importance to moral therapeutics, so neglected by the moderns. In some places, however, in modern times, fêtes have been celebrated, to which were conducted, amidst great pomp, epileptics and the insane, who were sometimes cured.

The ancients have vaunted the admirable effects of music. To obtain success with the insane, a small number of instruments should be chosen, the musicians should be placed out of sight of the patient, and airs familiar to his infancy, which were agreeable to him before his disease, should be executed. I have often employed music; I have rarely obtained success from it: it calms, it gives rest to the spirit, but it does not cure. I have seen patients whom music rendered furious; one, because all the tones appeared to him false: a second, because he was indignant that there should be amusement going on near such an unfortunate as himself. In conclusion, believe ancients to have exaggerated its effects, as they have exaggerated so many other things. Facts reported by the moderns are not sufficiently numerous to determine the circumstances in which music may be useful; however, this is a precious means, particularly in convalescence, and ought not to be neglected, however indeterminate the principles of its application, and however uncertain its efficacy. The means of diversion are, however, after labour, the most efficacious agents in curing the insane, but we should not reckon upon the success of means exalting the imagination and the passions. The lypemaniac always distrustful, appropriates to himself that which strikes his senses, and makes it nourish his delirium; the maniac is excited by the

depiction of the passions, by the liveliness of the dialogue, by the play of the actors. The performances of the Egyptians and Greeks, of a religious character, suitable to calm the passions, to impose on the imagination, at the same time that the mind was drawn from its delusions, by the pomp of the ceremonies. It will astonish the least reflecting, that a theatre was formerly permitted to be established at Charenton. Maniacs were not able to attend here, monomaniacs rarely; the imbecile drew no benefit from them. The patients to whom beneficial were cured, and being set at liberty would have been better than being shut up in a close, warm place. Few representations without some violent explosion of delirium or some relapse. The chief physician never assented to it, and Royer-Collard energetically opposed it until its cessation. I conducted a young convalescent to the comic opera. He saw everywhere his wife talking with men. Another, after a quarter of an hour, felt heat of head; "*let us go out,*" said he, "*or I relapse.*" A girl being at the opera, seeing actors armed, believed they were going to fight; it was necessary to go out, in order to prevent a clamour. Theatrical performances would not suit, I fear, even convalescents.

Seneca says, that travelling is little useful in moral affections; he cites on this subject the answer of Socrates to a melancholic, who complained of the advantage he had drawn from travels: "*I am not surprised, you do not travel but with yourself.*" The ancients, however, prescribed voyages, they sent their patients to take hellebore at Anticyra, or to make the leap of Leucadia. The English send their melancholics to the southern provinces of France, to Italy, and even to the colonies: I have constantly observed that the insane are better after a long voyage, especially if they visit foreign countries, whose situation and aspect has taken their fancy; if they have experienced the difficulties, &c., of ordinary travellers. Travelling also excites assimilative functions, sleep, appetite, and the secretions. Convalescents who fear to re-enter the world, where they dread having to speak of their disease, are less disquieted, after a trip which furnishes subjects of conversation with their friends and relatives. Such are the means acting directly upon the brain: their purpose is, to constrain the maniac to act according to his natural character, and to draw the attention of the monomaniac from himself.

Physical Treatment.—Principles of physical treatment cannot be reduced to as general propositions as the moral. No doubt we must act on the brain, by combating the causes of the madness, but their nature often escapes us. The brain not always primitive seat of their action, and this action has not the same results upon all individuals; the physical means proper for preventing the evil effects of these causes should be very various; they are hygienic or pharmaceutic.

The constitution of the insane becomes easily enfeebled; they contract affections of the skin, lymphatic engorgements and scurvy, which proves the importance of location and the system of construction. An asylum should be placed, with us, towards the southeast; to the east in a warm country, and to the south in the north. The spot should be dry and airy. The apartments should be free from humidity and cold, and favourably disposed for ventilation. It is a great error to suppose that the insane are insensible to atmospheric influences; most of them shun cold and seek heat. The ancients counselled placing maniacs in a cool, dark place; this excellent in the acute period, but not in the chronic.

Pinel desires them to have perfect freedom of motion in the fresh air. Very light, gay, picturesque situations suit lypemaniacs. Those becoming deranged in warm countries, have the greatest chance of recovery, by returning to a cold climate, and reciprocally; nostalgies require a return to their birthplace, and the scenes of their childhood. The bed should consist of a mattress, quilt, bolster, and pillow of horse-hair. The covering should be light, the head usually naked. Aliments to be varied according to the nature and period of the disease, according to the individual circumstances, and the complications: in the commencement we should prescribe a diet which we would use for most sick persons; later, quantity and quality of aliments to be modified; to be always simple, prepared without spices, and of easy digestion. During convalescence, the aliments should be more substantial, without ever being exciting; in some very rare cases, the nourishment should be more abundant. Food should be distributed with discretion; should shun, as in some hospitals, giving for the whole day, early in the morning. Most maniacs and monomaniacs tormented by thirst; must satisfy this want, by appropriate drinks, at will, or given many times throughout the day. Aliments and drinks which excite should be proscribed in all periods of the disease: nevertheless, they suit in some cases of dementia, in some monomaniacs, and in convalescence. Secretions and excretions to be favoured by all possible means. Should carefully keep the bowels open; for constipation frequently exasperates the delirium. Exercises of the body, riding, fencing, tennis, swimming, gymnastics, travelling, especially in melancholy, should concur with other means of treatment. Cultivation of the earth for a certain class of patients, replaces with advantage all other exercises. The instance of the celebrated Scotch farmer is well known. Bourgoïn remarks, that the rich patients at the hospital of Saragossa were not cured, because they were not obliged to labour, whilst the poor recovered. Pinel desires an establishment to have a farm for the patients to labour on. The cultivation of a garden has succeeded in some cases. At the Salpêtrière, best effects from the manual labour to which the females have been submitted. These sew together in a large workroom; or many knit, some assist in household duties, others cultivate the garden. This valuable resource is wanting with respect to the rich. It cannot be replaced, but in an inferior degree, by walking, music, reading, *réunions*, &c. With the rich there is an habitual illness, which counterbalances the advantages which this class offers as to being cured.

To establish the therapeutics of mental alienation on a proper basis, must know all the general and individual causes of disease; must distinguish, by certain signs, the source from whence proceeds all these disorders, and determine if the physical reacts upon the moral, or the moral upon the physical; must determine the kinds which are cured spontaneously, those which call for moral means, those which demand medicines, and lastly, those which will not yield but to a mixed treatment. What accidents, what obstacles, must practitioners meet with, who have only seen one malady in all the cases of insanity, but one malady which they had to treat. Led away by theories, some have seen only inflammation, and others only a nervous condition, and excessive use has been made of the medical means, which such supposition pointed out as indicated. When we are called to an insane person, after having acquired a knowledge as to predisposition, &c., we should examine if there be no urgent

indications to fulfil. It is principally the cause of the disease which indicates the best mode of treatment. To recall the menses when they are suppressed, to re-establish old ulcers, to provoke cutaneous diseases, and to apply exutories if the patient has previously had them. If there is strong excitement and plethora, these symptoms must be combated by sanguineous evacuations; baths, emollient, warm, and long-continued; refreshing drinks and laxatives; sometimes necessary, rubefacient derivatives; at the same time, should be placed on a very spare diet. Thus treated as an acute disease, almost always in 8, 15, 21, or 30 days, there is a remission, and sometimes a very marked intermission. Then, making all moral means called for by the character of the disease concur in the treatment, must combat the material preceding causes. Thus a man becomes insane from stoppage of a hemorrhage: the physician then endeavours to re-establish this evacuation. A tetter disappears, an ulcer is dried up, and mania or monomania burst forth; by recalling the tetter, and reopening the ulcer, the madness will almost certainly cease.

When we have combated the evil effects of particular causes, if the madness is not cured, we may then have recourse to empirical treatment. Vary incessantly the means consecrated by experience. We shall indicate these means in speaking of the different varieties of madness; we content ourselves now in giving our opinion as to some medicines regarded as heroic.

Water been administered in all modes and at all temperatures; warm baths from 20 to 25 degrees most useful, may prolong them even many hours consecutively, in meagre, nervous, and very irritable subjects. When great tendency of blood to head, useful to apply bladders filled with cold water, or linen soaked in it, whilst taking the bath. Cold water suits young, strong, and robust subjects, who are overcome by heat. Some writers have prescribed hot baths; Prosper Alpinus counsels them; perhaps we neglect them too much. Baths been rendered more active by different substances. The bath of immersion consists in plunging the patient in cold water and drawing him out immediately; this immersion may be reiterated 3, 4, 5, or 6 times. The bath of affusion, according to the method of Currie, is administered by placing the patient in an empty bathing-tub, and turning upon his head cold water, whose temperature is lowered at each bath. Baths of immersion and affusions are useful to subjects enfeebled from any course, particularly masturbation, or from long griefs, and in whom we wish to solicit reaction, by centralizing innervation, and driving it from the periphery. These baths differ from the bath of surprise: this consists in plunging the patient when he least expects it; it is administered by precipitating a patient in a reservoir, in a river, or in the sea. The fright renders this means efficacious, by overturning the sensibility: we may conceive the lively impression which a patient feels who falls unexpectedly into the water, with the fear of being drowned. Van Helmont wishes the patient to be kept under the water until he loses consciousness; Van Swieten insists upon this means almost the only one, with bleeding, employed in the last century. There is, however, no fact which may illustrate this practice. Pinel proscribed the bath of surprise: I have never made use of it; I know that it has been fatal. I would as soon think of throwing the insane from the third story, because some had been cured from a fall on the head. The douche consists in turning water upon the head, making it fall from a height. Administered in different ways. At Avignon, the pipe termi-

nates in a lip, a foot above the head of the patient. At Bordeaux, termination like that of a watering-pot. At the Salpêtrière, terminate by a tube four, six, or twelve lines in diameter, and the water falls from different heights. It is ordinarily of the temperature of the atmosphere: warm water has been proposed in some cases of dementia. The patient receives the douche placed in an arm-chair; or better, plunged in a bath of warm or cold water. It acts by cold and by percussion; exercises a sympathetic action on the epigastric region, causes cardialgia and desire to vomit: after its action patients are pale, and sometimes yellow. Acts also morally as a means of repression, and oftentimes a douche suffices to calm fury, break dangerous resolutions, or force the patient to obedience. The young, strong, and active call for the douche; they experience after it a feeling of freshness in the head, which is very agreeable and often useful to them. It suits principally when there is cephalalgia. It should be administered with discretion, never after a repast. The *primæ viæ* must be cleared out before prescribing it. It should not be continued but some minutes. Administration never to be abandoned to servants; they may abuse this, and it has not been always exempt from grave accidents. Ice to the head, long continued, calms cephalalgia and fury which have resisted bleeding and baths, especially in the commencement of mania, when there is redness and heat of the face, and menaced cerebral congestion. It succeeds much better when the feet are plunged in warm water or enveloped in a stimulating cataplasm. Revulsive pediluvia produce often a salutary irritation. Pediluvia are rendered irritating by elevating the temperature of the water, by common salt, ammonia, or mustard. It must not be too hot, as the pain may react on the brain. The legs are plunged in some slightly warm emollient decoction, and left there a long time to subdue cramps. Water is also made use of, by throwing it in repeated jets upon the face of some individuals plunged in stupor. These have sometimes restored patients from their stupor. Water has been prescribed in injection, sometimes pure, sometimes combined with purgative, sedative, and antispasmodic substances, according to the indication. The ascending douche has been counselled, to conquer obstinate constipation, to relieve the large intestines, to change the spasm of the intestinal canal, sometimes to give tone to this, or to excite a derivative irritation. Avenbrugger has counselled cold water internally, drunk in large quantity, in the dose of a glassful every hour. Hufeland regards this as a remedy against mania. Leroi d'Alvers has published a notice respecting the advantages of cold water, against suicide. Many facts seem to justify this practice. Most interesting that of Theden, a very distinguished Prussian surgeon, who, having been hypochondriacal in his youth, ended by becoming melancholy with a suicidal propensity; the copious use of cold water restored him to health: he drank as much as from twenty to thirty *lirres* daily. At 60 he drank each day many *lirres*. Hufeland confirms this fact by two observations.

Eracuants been celebrated from high antiquity, and for a long time have formed the basis of the treatment of insanity, especially lypemania. Far from suiting all cases, they may augment the disease. Moderns have counselled vomits, which should hold a distinguished place in combating some cases of monomania, and some lypemaniacs with stupor; vomits suit subjects whose sensibility is diminished, who seem affected with atony, whilst they would be hurtful where there is erethism. Mason Cox

places them in the first rank. Rush believes them most useful in hypochondriacal melancholy. The choice of purgatives is not indifferent. In some cases, those are preferable which exert a special action upon the hepatic system, the hemorrhoidal vessels, against intestinal worms, &c. Purgatives often cause irritation; they suspend the activity of the skin: to guard against these, we alternate purgatives with warm baths. To those refusing medicine, saying that they are well, some substance may be given in their food, causing pain, and even evacuations. Hellebore, gamboge, bryony, aloes, muriate of mercury, and especially tartar emetic, and the purgative mineral waters, may be here useful. M. Chrestien, a celebrated practitioner of Montpellier, proposed colocynth administered by friction on the abdomen. I have tried this on twenty patients, without success. It has not only not cured, but no purgation even has occurred, except in two puerperal cases.

Those bleeding largely did not discover their error, because the patients falling into a profound dementia, passed for being cured. The prejudice in favour of bleeding was such, that not long since, even at Paris, we received pregnant females, who, before being brought to the Salpêtrière, had been bled as a precaution, before being sent to a house where *bleeding was proscribed*. Pinel opposed this abuse, and cites many examples which should be present to the minds of all practitioners. I am able to add that I have seen, many times, madness augmented after abundant menses, after hemorrhages, after one, two, and even three bleedings; I have seen sadness pass into mania, into fury, immediately after bleeding, and reciprocally dementia replace mania. I do not believe that bleeding should be proscribed in the treatment of the insane; indispensable to the plethoric, when the head is strongly congested, when hemorrhages or habitual sanguineous evacuations have been suppressed. If there is plethora in the commencement of madness, if a strong rush of blood to the head, we may bleed largely, once or twice; we may apply leeches to the jugulars and temporals; we may place cups to the base of the cranium; later, sanguineous evacuations are local, and employed as revulsives or as supplementary to suppressed evacuations, &c.

Use of energetic *tonics* and *antispasmodics* ought also to be appreciated. Camphor, musk, iron, bark, and antimony, in very large doses, have often been employed as specifics. Are useful, but of an individual utility; succeed wonderfully when we are happy enough to seize the indication which the disease presents; but dangerous and hurtful, if applied to all patients.

Some patients sleep little, pass weeks and months without sleeping; it has been sought to give them sleep by means of narcotics; these are more hurtful than salutary, especially when there is plethora or congestion towards the head. Valsalva and Morgagni have long ago proscribed opiates, and daily practice confirms their judgment. Regimen, labour, and exercise are the true remedies here; warm or cold baths, exciting sleep, are truly efficacious, and are not at all dangerous.

Setons, moxas, the actual cautery, cups, vesicatories, irritating frictions, and mercurial frictions have been employed; they are excellent auxiliaries for revulsion, to replace a suppressed cutaneous affection, to awaken the sensibility of the skin, often in a state of atony, to excite a general reaction, &c. Been proposed to envelop the head in epispastic plasters, or some other irritating composition; and to make lotions on the head with water saturated with tartar emetic. I have not seen these

means succeed, which augment the erethism, and torment and irritate patients, who imagine themselves punished; it is almost always to monomaniacs or the demented that so active and disturbing a medication is prescribed. I cannot deny that, in some cases, success has been obtained; but these are very rare, and their indications very difficult of appreciation. Dr. Valentin has published some valuable observations respecting madness cured by the application of fire. I have many times applied a red-hot iron to the nucha, in mania complicated with fury, sometimes with success. I have made a number of trials always useless, when I addressed myself to subjects presenting symptoms of paralysis. A seton to the nucha has succeeded with me better, but when I have applied it to individuals who did not have this complication, and who were of that degree of dementia which has been confounded with idiocy.

Gmelin and Perfect have made cures with electricity. At the Salpêtrière during 1823 and 1824, of a great number of females whom I tried with it, only one recovered. She had been insane a month, and was electrified during fifteen days; at the menstrual epoch, the flow appeared, and the cure soon took place. Wennolt has tried galvanism; I have also employed it, in connexion with Professor Aldini, in 1812; the menses were twice re-established, but the delirium persisted. Magnetism has been tried, especially in Germany; facts as to it, in France, neither exact nor well observed. In 1813 and 1816, I made trials with the late M. Faria upon 11 females, maniacs or monomaniacs. One only, remarkably hysterical, yielded to the magnetic influence; but her delirium experienced no change. It produced no other effect on the other ten. These trials were made in the presence of M. Desportes, administrator of hospitals, other persons, and many physicians. These same trials I have repeated many times with various magnetizers, without more success. M. Georget is stated by M. Dechambre to have been deceived as to some experiments which he reports. The rotary machine of Darwin has been made use of by Cox, &c. Dr. Martin, physician of the hospital of Antiquaille, where the insane of Lyons are treated, tells me that he has been alarmed at the accidents which patients subjected to its action have experienced. They fell into syncope, they had above and below very abundant evacuations, and were thrown into an extreme state of feebleness. Employed with prudence, it might be useful with patients refusing all medicine, or who exhibited gastric symptoms.*

Prophylactic measures general or particular. Marriages should be shunned between individuals born of insane parents. Children should be guarded from tales calculated to excite the brain and alarm. In cultivating the mind of infancy, we ought at the same time to form the heart, and not to forget that education consists less in that which is learned, than in good mental habits, of the heart and of the actions. If education neither religious nor moral; if the child meet no obstacle to his capricious will and desires, how can he bear the contrarieties with which life is sown? The lessons given should not be too hard; irregularities in regimen should be shunned, which often, at the most tender age, dispose to madness; we should repress, we should direct the passions of young persons, &c. Those born of insane parents should have an education less

* Since first publication of this article (1816), means spoken of abandoned everywhere.

intellectual than physical and gymnastic. The instructor, acquainted with the intellectual disposition of the parents, the errors of their passions, should direct his pupil according to this knowledge, should moderate his vicious or too prominent characteristics, and should strengthen him against being led away by the passions; whilst the physician, informed of the physical causes which have provoked the disease of the ancestors, will prevent the development of these causes, will diminish their deplorable effects, by regimen and some suitable medicines. To assure convalescence, the patient must shun the influence of physical and moral predisposing causes, must guard against transports of the passions, excess of study, irregularities in regimen. Experience has shown that relapses are often caused by the simultaneous development of physical and moral causes. It is necessary to combat with energy these causes on their manifestation, without waiting for the explosion of the delirium. An emetic, and purgatives properly given, will avert a paroxysm of madness. Leeches and bleedings at the least menstrual disorder, will prevent a paroxysm about to break forth. The disappearance of tetter, gout, rheumatism, or an habitual evacuation, has preceded an accession of madness; we must be guarded against metastases and suppressions. Moral precautions no less necessary than physical. A man is passionate, he relapses if he does not use all his reason to conquer his anger; another has lost his reason after domestic griefs, he should be freed from them. It is from want of foresight that madness is often hereditary; it is from imprudence that persons who have had an attack of madness are subject to a return of the same malady. 1816.

Hallucinations are a sign little favourable to a cure in madness. Being only a symptom of delirium liable to occur in many diseases of the understanding, whether acute or chronic, they do not exact a particular treatment. They ought, nevertheless, to receive great consideration in the intellectual and moral direction of the insane, and in the therapeutic views which the physician proposes to himself. *Case.*—Æt. 51; bilioso-sanguineous temperament; in 1812, prefect of a city in Germany which rose up against the French; disorder from this and his own responsibility affected his mind; thought himself dishonoured, and heard voices accusing him; cut his throat; recovered from the wound, but still heard the voices and fancied them real, that he had secret enemies, &c.; within a year confided to M. Esquirol's care. Moral treatment appears to have been chiefly conversations with the patient, M. Esquirol calling the voices *bavardes* (babblers), and explaining their real nature. Patient at last acknowledged the truth. He regarded the phenomenon as nervous, and expressed his surprise at having been duped so long. Consented to the application of some leeches, to take pediluvia, to drink some glasses of purgative mineral waters. He recovered, and though he subsequently lost his only daughter, yet he did not relapse. *Case.*—Æt. 46; married; had several times before, some time back, shown a tendency to mystical, religious derangement; very much affected by the death of a daughter, and also by certain political prophecies then afloat. Finally she became sad, morose, silent, without appetite, without sleep. And suddenly on the 5th of March, burst forth cries, lamentations, convulsions, and loquacity: and she spoke incessantly of God and the great events he had announced to her, that the Messiah would appear, &c. On the 7th committed to care of M. Esquirol, and in this new situa-

tion was quite calm. On the 10th related for the first time all she had seen and heard. Signed an agreement with M. E. that if all the great events she spoke of did not occur on the 25th March, she would consent to be considered insane, and submit to the treatment prescribed. She from this time became calm and cheerful, and spoke to no one of her delusions. The 25th passed, and next day M. E. exacted the execution of the agreement. She yielded, and the third day after was well enough to go home, and there soon recovered entirely. 1817.

Treatment of mental diseases consequent on childbirth, during or after suckling, has undergone many variations. Most authors, alarmed doubtlessly by the violence of the symptoms, have regarded these patients as incurable. Puzos avows this error after many fruitless trials. However, he ended in persuading himself that by strong evacuations, and by bleedings and purgations, we might change the morbid condition of the brain, but a long time, and the greatest efforts of art, were necessary for this. Deceived by the grave symptoms, practitioners have almost always borne to excess the means which they placed in use. They bleed at the commencement; the suppression of the lochia confirming this practice. Boerhaave and Van Swieten teach that bleedings ought not to be employed but in the greatest necessity, even when the lochia are suppressed. By debilitating, bleeding becomes, say they, more hurtful than useful. For a time, most energetic purgatives prescribed, drastics, neutral salts, and, later, mild purgatives. In cases where the milk has been suppressed, a recall been attempted by cups, suction, or purgations. If the malady is rebellious, a new pregnancy and suckling is advised; and because sometimes successful, it is made a general precept. I am able to give the assurance, that this would not succeed but when the alienation is accidental and does not proceed from a grave anterior or predisposing cause.

Bleedings should be employed with discretion, in the first period. Leeches to the vulva and thighs, when there are signs of plethora, or of congestion towards the head, when the sanguineous temperament predominates, are useful. Cups, vesicatories, and sinapisms, sometimes to the legs or thighs, sometimes to the nucha, with a pisin slightly sudorific or purgative, are preferable to *heroic* means. Some have recovered after the employment of purgative injections; I have prescribed with success, immediately after delivery, injections composed of four ounces of sugar, and of milk in sufficient quantity, given thrice daily: the patients then observed a severe regimen and ate little. An emetic, many times consecutively, has also been successful with subjects eminently lymphatic. It sometimes happens that vesicatories, which have not succeeded in the commencement of the malady, in the period of irritation, produce the best effects, renewed some time after the invasion of the disease. Warm baths, especially hip baths, sometimes hot baths, marvellously second other curative means, when the disease has passed into a chronic state. Cool or cold baths are dangerous. When the disease has persisted, particularly with nurses, if the menses are not re-established after the use of evacnants, leeches to the vulva are good, cups to the thighs, emmenagogues and other means to excite the menstrual flow. It is useless to remark, that these cases ought to be submitted, as other kinds of insanity, to the general principles of treatment; that isolation, hygiene, and moral means ought not to be neglected, and these alone

have been sufficient to cure the disease, though more rarely than in other varieties of mental disease.

Case.—Hereditary insanity; on 29th day after delivery, maniacal delirium; tendency to injure herself and others; during 15 days refused obstinately to eat or drink. 44th day. Vesicatories to legs, and abundant nourishment. 60th day. Conducted to the Salpêtrière: there, a laxative drink, vesicatory to nucha and camphor liniment to mammae distended with milk. In a month worked, though sad; appeared convalescent. Then profound melancholy; refused speaking, eating, and exercise. Vesicatory between shoulders, which caused a fever of some days' duration, during which return of reason progressive. A laxative drink. Three weeks after this, return of strength. Warm baths, aromatic drinks. Menses flow. Discharged, recovered, four months and a half after reception. Uterine hemorrhage in commencement. *Case.*—Æt. 34; one or two previous attacks from slight causes, as odour of musk; chestnut hair; brown skin and eyes. Nov. 1. Abortion; colic; next day loquacity. 3d. Mania, fury without remission. Foot baths; leeches to malleoli. Readmitted to hospital. Eyes haggard, face pale, features shrunk; general delirium, mania, fury. Three days after, calm, when she knew she was in the hospital. 16th. Menses fail. 22d. Saw husband with interest; sad; answers correct. Warm baths. 28th. Fever; gastric distress. An emetic twice repeated. Abundant dejections; return to reason progressive. Dec. 21. Discharged perfectly reasonable, though menses not re-established. *Case.*—Mother died insane; subject to headache; great natural susceptibility; æt. 24. April 21st. Experienced a fright, having had previously one or two, and also anxieties. 22d. Delivered; convulsions during twenty-four hours. 23d. Continuation of convulsions. At their cessation, continual laughter, delirium. 24th. General delirium, agitation, fury, refusal of aliments. Sinapisms to feet. Thinks them burning, and having bitten her tongue in convulsions, imagines so as to it also. 29th. Entered hospital. Skin yellow, eyes restless, tongue white, mammae shrunk, gay delirium; thinks she is an empress, and acts and speaks accordingly. Appetite voracious. 30th. Vesicatories to both legs; laxative drinks. May 15th. Saw husband, and recognised him. 22d. Lochiæ ceased; had continued up to this time; blister dried. Calm perfect. 24th. Convalescence. *Case.*—Æt. 41; a previous attack of melancholy at 18, from suppressed menses, continuing eighteen months. Delivered at 36. After fourth day, midwife leaving her, was frightened and *chagrined*; milk suppressed; did not wish to eat; became furious; paralysis of tongue. Then a profound melancholy, and disinclination to leave her bed; menses continued regular and abundant; constipation obstinate. After five years entered hospital 28th Nov. Skin pale; features contracted; black hair and eyes; lies down and does not wish to move from bed; and passes days without eating. Hair had not been combed for five months; cut, and head covered. Dec. 5th. Apoplecticiform symptoms. Sinapism, vesicatory, strengthening potion. 6th. Vesicatories to thighs. Diarrhœa, which had persisted many days; offered some appearance of reason. Arnica. 24th. Same state; obstinate refusal to eat. Jan. 12th. Refusal to eat during nearly eight days, only taking a few spoonfuls of sugared wine. Forees progressively giving way. Died 20th Jan. *Case.*—Madame B.; æt. 25; very nervous temperament; father subject to cephalalgia, which he dissipated by ice to head. Husband being absent in the army,

seduced and went to lover's house; became pregnant; agitated by various feelings attendant on her position; became completely insane on the 9th day; on 14th carried to a hospital, where she was furious; 20th day confided to M. Esquirol's care. Visage pale, eyes haggard, voice hoarse and loud, perspiration fetid, breasts flaccid, agitation continual, odd desires, loquacity, obscene discourse, irresistible desire to tear. 21st. A bath, purgative injection, calming drink. 22d. Agitation, terror, cries. 23d. Death of infant did not afflict her. Visits of lover caused increased agitation; menses appear. 48th day from invasion of disease: loquacity, agitation, laughier, tearing everything to pieces, thought her lover in the walls, &c., took clouds for balloons, &c. During this time, whey of Weisse every day, followed by not very copious evacuations. 61st. Return of menses; ceased next day. 67th. Cold bath and douche; great feebleness. Same treatment to May 3d, when baths suspended from appearance of menses. 10th May. Menses ceased. 75th day. Calm, insignificant gestures, taciturnity. 76th. Warm bath and douche. 77th. Calm and sleep. 80th. Douche renewed. 83d. Some signs of hemorrhoidal flux. 90th. Hemorrhoidal flux. June 3d. Agitation, &c. 5th. Douche renewed. Alternations of calm and agitation for some time. July 8th. Febrile symptoms. Visits of lover always affected her very much. Recourse, since fevers, to a strengthening regimen, mild tonics, and exercise, mind becoming calm. Fever took the tertian, intermittent form, and persisted through the whole autumn and a part of the winter. In the spring it ceased; she regained much of her embonpoint and accustomed gayety. Divorced from her husband and married her lover, and although subsequently great misfortunes and domestic griefs, yet no farther mental disease. *Case.*—Æt. 28; mother had a slight apoplexy when 48; happily delivered; experienced many difficulties; lover abandoned her. Delirium appeared sixth day after delivery. 9th day. Admitted at the Salpêtrière; very much agitated; voices tell her to injure those around her, and believes herself in society; no headache, but sharp pains in her limbs; no lochia. A large vesicatory to back, warm baths long continued, at first cooling and then laxative drinks; after some days' delirium diminished, the menses were re-established; convalescence prolonged; she herself asked the vesicatory to be kept up; reason was soon re-established, and she went from the hospital after the second return of menstruation.—1819.

Lypemania, or Melancholia.—Treatment as that of other kinds of alienation, not to be confined to the administration of some medicines; before all indication, we must be well convinced that the malady is obstinate, difficult to cure: moral medicine, which seeks in the heart the first causes of disease, which laments, which weeps with, which consoles, which shares the sufferings and awakes hope, is often preferable to all other treatment. Must inform ourselves of the remote and exciting causes of the disease. Treatment of lypemania may be hygienic, moral, or pharmaceutic. A climate dry and temperate, a fair sky, a pleasant temperature, a locality agreeable, and of varied prospect, suit the melancholy; thus the English physicians have sent their lypemaniacs to the southern provinces of France and to Italy, protecting them from the foggy air of England. *Case.*—A merchant of Belgium in extensive commerce, æt. 42; strong constitution; himself consulted M. Esquirol, and described his symptoms. Happy in his family; but from a slight

disagreement, became sad, irritable, and had a great tendency to drink ; then an intense apathy ; this towards the autumn. In spring pretty well. But again attacked when autumn approached. Had suffered thus three times. M. Esquirol's advice as follows : A hospital would be hurtful ; I will mention to you a physician who will supervise your regimen, and accompany you in your excursions in the environs of Paris. You will bathe often, and drink from time to time the water of Seidlitz. Food must be vegetable. In September, will go to Languedoc, and to Italy before the end of October, whence to return home in May. These counsels were rigorously followed ; and patient returned to Paris in excellent health. At Rome, on first appearance of cold weather, slight desire to drink, almost immediately dissipated. I could report some similar facts. Clothing should be warm and frequently changed, particularly the stockings, the melancholy being especially subject to cold feet. Aliments gross and difficult of digestion, salt, spicy, or stimulating, should be proscribed. Fresh roast meat of young animals, and the vegetable diet suitable ; should abstain from farinaceous vegetables ; herbaceous legumes, and fruits, especially those abounding in the mucoso-saccharine principle, to be preferred ; such as the red fruits of summer, grapes, oranges, pomegranates, &c. Fernel, Van Swieten, and Lorry, cite examples of melancholics cured by summer fruits ; they might have added by the very abundant use of grapes. Exercise, however taken, is, without contradiction, a great resource to combat lypemania ; travels which act on the brain, by the impression of a multitude of ever-changing images, destroy necessarily that fixity of the ideas, that extreme concentration of the attention. Patients unable to travel should be exercised and acted on revulsively, by exercises of the body, by walking or riding, by cultivating the earth, by attention to the garden, by household occupations, by the practice of some profession. Equestrian excites activity of abdominal viscera, favours perspiration, lulls and turns away the attention. Driving a carriage furnishes the best results. The English combat the spleen by taking the place of their coachman, and traversing the streets of London ; the celebrated Alfieri rendered his black melancholy endurable, only by this means. The chase fulfils the same purpose, but rashly to confide arms to those possessing some suicidal tendency, is to be feared. Pinel thinks every hospital should be furnished with a farm, where the patients might cultivate the earth. Langerman has effected this at the hospital of Bareuth, of which he was physician.* Dr. Horn has provided the insane of the Berlin hospital with all the means of exercise compatible with their safety, and has drawn great advantages from it. At the Salpêtrière, a good many of the females occupied in sewing, knitting, and other manual employments. These contribute to numerous cures of this institution. Not so easy to furnish men with instruments of labour, because they may abuse them. Individuals without the habit of occupation, when invincible obstacles oppose their travelling, should ride on horseback or in a carriage, should exercise in games reposing the mind and fatiguing the body : such are battledoor, tennis, football, billiards, &c. But to exercises of body, necessary to join those of the mind. Study contributes to cure the melancholy, provided not applied to objects calculated to excite the imagination. Sometimes, also, give

* For more than thirty years, labour has been advised, and particularly cultivating the earth. At present this precept is invoked and put in practice everywhere, in Germany, in England, and in France.

in to the melancholy ideas of him whom we wish to cure. *Case.*—M. Charpentier reports an ecclesiastic, become melancholy with suicidal propensity, in consequence of the revolution, withdrawn from this condition, by his activity in defending the concordat, which was favourable to the independence of the ministers. *Case.*—A man, fancying that he had nothing wherewith to purchase nourishment, refused to eat, became sad and morose. M. Esquirol advised a supposed lawsuit, which necessitated a statement from patient requiring many little trips. In a month or two cured. M. Alibert reports an analogous fact. Isolation ordinarily favourable, even when absolute; solitude exercises a mysterious power, which re-establishes the moral forces spent by the passions. Warm baths prolonged are of evident utility for the re-establishment of the perspiration, and all physicians since Galen even to our days, have vaunted their benefits, and studiously recommended their use: the excretions are almost all suspended in lypemania. Constipation not always without danger, occasions sometimes intestinal inflammations; necessary to subdue it by the quality of the aliments and drinks, and use of injections, fomentations on the abdomen, hip baths, &c. In some instances the spermatic evacuation has cured; perhaps moral impression here the agent principally. *Ætius* has too much vaunted the advantages of cotion, which he has prescribed as a specific. To this I can oppose many facts.

In directing the passions of the insane, is requisite a certain spirit of address, and of detecting the niceties, which present themselves, as to moral treatment, in determining its application. Sometimes an imposing array, and the conquest of the most obstinate resolutions, is necessary, by inspiring the patient with a stronger passion than that which subdues his reason; the substitution of a real for an imaginary fear; sometimes it is necessary to gain their confidence, and to raise the depressed courage by creating hope in the heart. Each melancholic should be managed according to a perfect knowledge of his mind, character, and habits, in order to subdue the passion which, mastering his spirit, sustains the delirium. Melancholics under the dominion of superstition ought to shun reading and conversations relative to mysticism. As to religion, I have called to my aid many respectable ecclesiastics, but rarely with success. A man despairing, from not having obtained a place, believes himself and his family dishonoured; religious assistance may cure him, by diverting his ruling ideas, and persuading him of the vanity of all earthly things; but a demonomaniac does not yield to the counsels of an ecclesiastic. Have seen patients anything but religious before their malady, who, after their cure, became sincere believers and practised regularly the precepts of religion: they were convalescent when they freely embraced religious views. One of these, a man of high station and merit, has been led to a religious belief, by a recollection of all that he had experienced during his delirium. When love is the dominant passion, it is often only the possession of the loved object that will cure. Love is cured by love as physician, says Ovid. Son of Seleucus cured by latter sacrificing to him love of Stratonice. *Arcteus* speaks of a native of Crotona, who was only cured by possessing beloved object. When insurmountable obstacles have hindered this, some physicians have not feared to revert to the advice of Ovid. An emotion lively, strong, and unexpected, has proved successful. Recourse been had to most ingenious means, to break the chain of strange ideas; various circumstances

will suggest to a physician therapeutic and moral indications. [Here mentions, leaden hat of Philotinus, angel of Zacutus, &c.—G.] A lady under my care, believing herself damned and to have the devil in her body, was cured by fear of the cold bath, which she dreaded much, and with which she was menaced each time that she abandoned herself to her false ideas. Have succeeded also in persuading lypemaniacs that there was no possibility of accomplishing their designs. Thus a young person deceived in her affections, having, during seventeen days, refused to take aliments, in order to terminate her life, was restored to health, by aliments being injected through a sound, being convinced that she would not be suffered to starve. Have seen the substitution of one passion for another cure a case of lypemania, by addressing, exciting, and exalting the principle of self-love; have made imaginary terrors cease; have seen love take the place of melancholy delirium in two or three young lypemaniacs at the Salpêtrière. Ought to be cautious in the employment of fear, and, above all, of terror; these have a sedative action, which might induce serious consequences. The effects of music, to which the ancients have attributed so many miracles, are more useful in melancholy than in the other forms of mental alienation. Galen assures us that Æsculapius cured mental diseases by singing and harmony. We read instances of cure in the history of music and in the writings of physicians: to render this means efficacious, a small number of instruments must be chosen, and airs appropriate to the condition of the patient must be selected.

The treatment directed immediately to the organic sensibility, and which is entitled physical, when seconded by hygiene, when not directed by empiricism and systematic views, contributes certainly to the cure of lypemania; for if this malady is often produced by moral affections, it is also by physical derangements. Supposing that the pathological causes are recognised, our therapeutic views to be directed according to this knowledge: if a suppression of the menstruation or hemorrhoids, must be re-established; if a retrocession of tetter, act upon the skin, &c. Some moderns have wished to recall the use of hellebore; but other purgatives better known, are not wanting, more sure and less dangerous, for it is doubtlessly not now considered a specific. Pinel confines himself to mild laxatives, or purgatives; cichoraceous and saponaceous plants, combined with some neutral salt, suffice to remove constipation. In the commencement of lypemania, vomits, emeto-cathartics, are very useful. An artificial diarrhœa is also found good, when the strength of the patient permits it: injections more or less irritating have also some advantage. Evacuants suit principally in melancholy characterized by nonchalance, aversion to motion and torpor of the functions. Tartar emetic, in small doses, either to displace irritation, or to act on the imagination of those believing themselves well. To some refusing medicine, strong ones of small bulk, placed in food and drink; as gamboge, diacodium, jalap, aloes, calomel, &c. The alarming accidents from Darwin's rotatory machine has caused it to be rejected. Cullen says that *bleeding* is rarely useful. Pinel employed it very little. Nevertheless, may recur to local, sanguineous evacuations, sometimes to the epigastrium, when the stomach is the seat of considerable irritation, sometimes to the vulva, when we wish to re-establish the menses, sometimes to the head, when there are signs of cerebral congestion. Have sometimes applied with success, leeches to one of the sides of the head, when

lypemaniae complained of a fixed pain in the same side. Lypemania does not always present itself accompanied by symptoms which indicate predominance of the abdominal system or turgescence of the sanguineous; sometimes the nervous alone appears to be the cause: Lorry first pointed out this difference. Here evacuations augment the evil. Nervous sensibility, to be calmed by the hygienic means already indicated, by mild drinks, narcotics, opium, water in vapour, douches, baths, and affusions: the warm is more or less prolonged, sometimes many hours successively. The bath of immersion in cold water useful in melancholy caused by onanism. The douche, besides its physical, may also have a moral influence upon the patient, and force him to renounce his fatal and dangerous resolutions. Cold water in large doses been advised, particularly in suicidal cases. Ancients made great use of narcotics. Lazare Riviere vaunts the good effects of opiates. Odier says he has cured a case of melancholy by opium carried gradually to 30 grains, and combined with an equal quantity of musk. This should be rejected in the plethoric, and those disposed to sanguineous congestion. Some enthusiasts have employed magnetism. Results little advantageous, and even contested. I have made some trials of it, and have not obtained a cure.

Onanism may produce the most fatal effects upon the health and life of these unfortunates: it is one of the deviations from proper living to which they deliver themselves, and to which it is important to call the attention of those directing and supervising the insane. M., a female æt. 23, did not utter a word, refused all sorts of motion, persisted in lying down continually; after various means to make her eat, affusions of cold water triumphed, and she ate voluntarily, but manifested from time to time repugnance to it, although less obstinate. *Case.*—Æt. 43; tall and athletic, sanguineous temperament; always very ambitious; disappointed as to office; became insane and dangerous. Injected eyes; cries; loquacity; said he was a king, &c., sleeplessness, thirst, constipation. Leeches continued to anus and temples; acidulous drinks, warm baths prolonged. After two months, cold douches to head, whilst body in warm bath; calm by degrees; short lucid moments; but always conviction of greatness. After five months, embonpoint; paralysis of the tongue; calm perfect; sleep and appetite excellent, but ideas of grandeur persistent. By degrees very fat; walks with difficulty; much difficulty in speaking; memory enfeebled, particularly as to recent events. A vesicatory to nucha, then a seton; valerian, bark, drastics, alternately administered. After fifteen months of disease, died of apoplexy.—1820.

Demonomania.—Treatment the same as that of lypemania or melancholia with delirium. The pharmaceutic treatment, as also the regimen, depends on a knowledge of the causes. Albrecht reports that he cured a robust man, who for many years had been considered possessed, by emetic wine. Moral means do not differ from those suitable to lypemania in general. Assistance of ministers of religion rarely been successful, especially durably so. A lady believed herself lost. Had recourse to many priests; a prelate as respectable in age as virtues, went to her house in the pontifical attire, confessed her, lavished on her religious consolations; recovered for some hours her perfect reason; next day fell into a worse state. However, I do not think that such succour should be neglected, the consolations of religion, the presence, the encouragements of the minister, by awakening some confidence in the patient, may create hope and commence the cure. We find many examples

of cure in authors. Zacutus achieved one by introducing a counterfeit angel into the chamber, the person performing the part announcing that God had pardoned the patient. We may imagine similar stratagems; if the disease is not of long standing, if uncomplicated with organic lesion, paralysis, scurvy, we may hope some success. Reil indicates a great number of means; they may all be reduced to the general principle, of strongly affecting the imagination, in order subsequently to gain their confidence and relieve their minds, or to combat passion by passion. For this an observing mind is requisite, and a great habit of governing the intelligence and passions of men. In a female patient, sad, speechless, motionless, and refusing to eat, the last was conquered by affusions of cold water. Reasoning, privations, pain, nothing will convince a type-maniac; the greater the efforts to persuade him, the more he resists. Defiance, fear, self-love, strengthen his convictions; punishment but increases them. Have attended a young man, who, deceived by an exaggerated sense of honour, refused all nourishment. After having spent all known means, I applied with great array, red-hot irons to different parts of the body, without conquering his refusal. A surprise succeeds better.—1814.

Monomania.—Treatment, as of other kinds of mental alienation, should be directed according to the circumstances and character of the disease; the intellectual and moral symptoms enter largely into the therapeutic views of the practitioner. In this malady, which is eminently nervous, antispasmodics are very useful. We may recur with advantage to the means furnished by hygiene; it is admissible to hope for success from moral treatment. Here, more than in any other mental diseases, and with greater hope of success, we apply the understanding and the passions of the patient to his cure. We have recourse to surprises, subterfuges, and opposition ingeniously managed, which circumstances will suggest.

Erotomania being a malady essentially cerebral, ought to be treated as other cerebral affections. When the amorous ideas alter the nutritive functions and menace the life of the patient, marriage is almost the only efficacious remedy. Here, as in nostalgia, it is only by fulfilling the wishes of the patient that a cure can occur. When the erotic fever declares itself, when the sadness is extreme, when the cause of wasting away is concealed, it is requisite to use stratagem and address to discover this cause; for once known, great progress is already made towards cure. If any way is open to the heart of the patient, a person should be placed near her, whose qualities and attentions may enfeeble the impressions made by the beloved object; a new affection may destroy the first. When the object of the passion is visionary, when marriage is impossible, recourse is had to means proper to modify the susceptibility. Warm baths prolonged, diluent drinks, nitrated whey, asses' milk, *chicoraceous* drinks, and a vegetable regimen, are preferable to antispasmodics, which often increase rather than extinguish the evil. In some cases, tonics are useful, if debilitating causes have predisposed or provoked the disease. We must not neglect combating the pathological causes, nor to lose sight of the fact, that in the erotic fever, as Lorry says, there is always a sort of erethism of the genitalia; cold baths, hip baths, cold injections, &c., will be useful. Isolation, *distractions*, voyages, exercise, manual labour, concur powerfully to the success of this

treatment. Moral shocks, as the great success of the leap of Leucadia proves, produce a general impression as useful in erotomania as in the other varieties of monomania. *Case*.—A lady æt. 32; tall; strong constitution; nervous temperament; well educated; some years after marriage saw a man of higher rank than her own husband, and was immediately captivated, though she did not speak to him; despised her husband, spoke of the object of her fancy in the tenderest and most extravagant manner; had delusions or hallucinations respecting his conversing with her when at a distance, &c. Sometimes excited, uttered cries, &c. Committed to M. Esquirol's care after disease had continued many years. Reasonable in many respects; gives credit to the merits of husband and parents, but cannot see former or live with latter; menses regular and abundant, and paroxysms usually at these periods; very capricious; sleeps little; walks about and talks and sings to herself when wakeful. A methodical treatment during a year, isolation, warm and cold baths, douches, antispasmodics externally and internally, nothing has been able to restore her.

Moral Insanity.—The treatment does not demand different therapeutic indications, from those detailed in speaking of monomania in general; but the direction of the mind exacts particular attention, especially as to isolation, which should not be prescribed without consideration. *Case*.—Madame; æt. 23; married four years; of the nervo-sanguineous temperament; of great susceptibility; of a character lively and gay; experienced some slight crosses: her mind became excited; she who was mild, good, excellent towards husband, constantly attentive to her child, very careful of her household, became irritable, one word would place her in a passion or make her weep; she neglected her husband because he contradicted her; she left her child, because important affairs called her abroad; in her house, Madame puts everything in confusion, because everything is dirty and disordered, and it is time that order and neatness should reign in her household; speaks to first comer against husband, accuses him of a thousand faults which he has not, inconsiderate in her conversation; reveals secrets which a female ordinarily conceals; imprudent in her conduct, exposes herself to unjust suspicions; on remonstrances of husband and parents, gets angry and pretends that they calumniate her. Frequent pains in the head, sleeplessness, constipation; menses flow badly at these periods, habitual cohes worse; some hysterical symptoms complicate this state. Confided to my care, at first very calm, very reasonable, complains with moderation of her family, who persist in believing her sick. But when the first impression of isolation had ceased, when she had become acquainted with her new situation and her companions, her morbid activity was renewed. She put everything in disorder in her apartment, incessantly displacing the moveables; she was discontented with everything, complains of everything, relates to different persons a thousand falsities, a thousand calumnies, seeking to spread discontent, misunderstanding, and disorder; seemed as though the demon of discord inspired her words and actions; if it was demonstrated to her that she was in error, that what she said was false, that what she did was not right, she endeavoured to justify herself, kept silence, or was angry; but in society she composed herself with so much care, that the most guarded would believe her well; she took part in the conversation, flattered and said agreeable things to persons of whom she had spoken ill in the morning or evening; she promised not to disar-

range her moveables, to place in order the articles of her toilet: the next day the same scenes, the same conversation, and the same disorder are renewed. Warm baths prolonged, laxatives, and a little before the menstrual periods, hip baths with the infusion of chamomile, and leeches to supply the menstrual flow—little abundant, were the remedies administered. After three months, during which some douches of repression were given, the menses flowed abundantly, sleep was better, and she was more calm; the same means continued, a severe and renewed repression, when the actions of the patient were too eccentric and her conversation too wicked; at last produced a cure after six months' treatment.

Monomania of Drunkenness.—Certain in many cases, that depraved taste of patients is determined by a general feeling of debility, and by certain stomachic cravings; could we not substitute for wine a bitter or other tonic, which, by changing the morbid action of the stomach, placed a termination to the malady? It has been advised to place some very nauseous substance in the wine, to inspire disgust. Thus has been proposed oil of turpentine. The Spartan method of intoxicating their slaves has long been useless. Isolation appears to me the only truly useful precaution. It is necessary, by long habits of sobriety, to conquer those of intemperance, and they cannot triumph, if they do not fly opportunities, and if they do not place themselves where it is impossible to satisfy the desire; but isolation alone fulfils these conditions. Religious teachings and precepts, the counsels of philosophy, reading articles on temperance, fear of the physical and intellectual infirmities, the inevitable consequences of drunkenness, should be the auxiliaries of isolation. *Case.*—A lady; still young; had been many times conducted to Charenton, from abuse of wine and strong drink, which threw her into a state of drunkenness, effects of which lasted many days. When paroxysm has ceased, and has recovered reason, ashamed, secretes herself, and begs a return to family. Hoping to aid her to conquer the propensity, we have given her douches, we have refused her going out for many months, we have threatened to retain her for life; she has made fair promises and resolutions, but all in vain when free.

Homicidal Monomania.—*Case.*—A vine-dresser; æt. 35; very tall; meagre; bilioso-nervous temperament; of melancholy character; from heat of sun, nasal hemorrhage suppressed, to which subject; a month after, cephalalgia, sadness, abandonment of labour; later, accused himself of having committed crimes; tried to hang himself. Bled in the foot and arm, became furious, and, during delirium, compromised lives of many members of his family; many new attempts at suicide; conducted to Charenton (1837). Delirium general; frightened countenance; continual agitation; sad; sombre; silent. Cried out, "Free me from my enemies." Suddenly without provocation struck his neighbour with the night vessel, and was about to kill him; said his brothers had appeared and ordered him to kill him, as wishing to injure him. Other attempts at murder. In intervals of paroxysms of panophobia and fury, peaceable, and gave an account of his condition and motives. Sometimes asked the camisole to prevent the evil he might do. I ordered a leech at entrance of each nostril, without discontinuing baths, cold lotions to head and laxative drinks. Repetition of leeches twelve days, excited on the thirteenth nasal hemorrhage. Fourteenth, very abundant epistaxis, which renewed itself the same day and the day following. The patient, who felt before the hemorrhage a painful uneasiness at the

root of the nose, was now freed from this, delivered from pain of head, and restored almost spontaneously to reason. *Case*.—Captain of infantry; æt. 34; of very strong constitution; of extremely good character, and very kind to inferiors. Manners mild, and conduct regular. From crossed affection, became sad, and in a few weeks furious. Thought he had a mission from heaven to convert men. Struck the physician of military hospital. After six months, sent to Charenton. Prevailing ideas seemed to be connected with the conception before mentioned, talked of baptism of blood, &c.; so struck an attendant with a pewter vessel that in a few days he died. Thought he conversed with a celestial being, &c. Sometimes calm, conscious of and bewailed his condition. Felt necessity of camisole. Derivatives to intestinal canal, with baths and sanguineous evacuations, basis of treatment. Many times, diarrhœa following purgatives, forced their suspension. In spite of all exertions wasted away rapidly, and died in 1817, a year from invasion of malady.

Mania.—*Case*, exhibiting the three regular stages of mania.—Patient a female, aged 36; second attack; tall stature; a blonde; moral affections followed by general *malaise*, syncope, want of appetite, pains in the limbs, and feebleness—constituting the *incubation*. *First Period*.—June 2d, 1813. Sleeplessness, nausea, white or yellow tongue. June 17th. An emetic; suffered much from it. Believed they wished to poison her; she cries and is agitated; they are busy about her; say that she is mad, which affects her strongly. She talks wildly; they take her from home. *Second Period*.—Ideas altogether overthrown, frightened at her arrival in Paris, and especially her stay at the Prefecture, she is put beside herself, everything appears to have a black tint, and she does not recognise any one. June 29th. At her entrance into the Salpêtrière, extremely meagre, skin brown, loquacity continual, delirium extends to everything, numerous hallucinations, abusive, menacing, striking; breaks and tears everything, remains naked, rolls on the earth, sings, dances, vociferates, rejects aliments, sleeplessness and constipation obstinate. Meagreness, tawny skin, contraction of the muscles of the face, knit forehead, corners of lips convulsively raised, eyes hollow, often injected and haggard, look animated though squinting, all these give to the physiognomy of this maniac a character which expresses perfectly the disorder and exaltation of her ideas and feelings. July. Same state. Warm baths prolonged. August. Cold douches whilst the patient is in the warm bath; sometimes sleep after the bath, but during the night cries and singing; constipation. September. Warm baths, furuncles upon different parts of the body; a little calm on the 27th, cessation of the furuncles, return of agitation. October. Made to take at first 2, then 4, 6, and 8 grams of opium a day; given hyoseyanus in the same dose without any effect. November. Menses appear, but little abundant. Leeches to vulva, a little remission; but next day delirium and agitation reappear with the same intensity. Warm baths every day. December, January, and February, passed in the same state of delirium and exaltation; content to nourish and guard her from cold. March, 1814. Serious diarrhœa so abundant that after fifteen days the patient very feeble, is scarcely able to walk. Disorder of ideas has not diminished, but there is no more fury. *Third Period*.—April. Diarrhœa persists, leucorrhœa, some gleanings of reason. Takes ptisans and aliments presented to her;

she sought to come to herself. May. Chocolate, gummy drinks; eats well; sleeps better; recognises those approaching her; hears the advice given her, but has often incoherence in her ideas. 27th. Diarrhœa has ceased some days, little irrational, but keeps up great restlessness, an untiring loquacity; passes to the convalescents; look of amazement, convulsive laughter, does not talk wildly but for some moments, attentive to what is said. June. Extreme restlessness, impossibility of remaining at work; warm baths, antispasmodic drinks, progressive and rapid return to *embonpoint* and reason. July 1. Abundant leucorrhœa for six days, *embonpoint*, calm physiognomy; no longer vivacity of eyes, all the functions re-established: convalescence perfect. 11th. Discharged, and been well ever since. *Case.*—Æt. 21; a servant; father a suicide; brought up by an epileptic aunt; above middle stature; *embonpoint* moderate; a *blonde*; disposition sad; silent, very laborious, and of regular conduct. If menstruation scanty, headache, sadness, and sleeplessness. At 20 and a half, more sedentary and sad; very much fatigued, nursing her aunt, who was very sick. Menses suppressed, sleeplessness, sadness, often panic terrors and suicidal ideas. In February, 1813, three leeches to foot without amelioration of health. Carried to her mother's house, where condition grew worse. A few days after, 5th April, whilst menses flowed, threw herself in a river; when drawn from the water, and some days after, silent, ate capriciously, did not move or sleep. June 1. Admitted to the Salpêtrière; in a state of stupor with convulsions of the face and muscles of the shoulders; remained lying down or sitting in the location where she was placed; involuntary dejections; warm baths, vesicatories in succession to different regions of the skin, leeches to the vulva. Menses did not appear, even up to the month of September; scanty in October and November; December 15th, abundant; sleep was then re-established, she moved and ate better; 23, talked and sought to render herself useful in the house, sleeps, capricious in taking nourishment, cleanly, but it is necessary to anticipate her wants. Feb. 12, delirium, with some febrile symptoms, such as dry lips, parched, brown tongue, full pulse, hard and frequent; thirst; in March, all febrile symptoms disappeared, but mania burst forth with all its agitation, its violence, and incoherence of ideas; this state continued during September, October, and November. Warm baths prolonged; the douche, which she feared, did not modify her condition; in convalescence, said she feared the douche, which did her good, though painful. Jan. 1815, menses flowed abundantly; since calm; slept a little; seeks to occupy herself, though always talking wildly. Feb. Appetite regular, sleep better, &c., laboured much in the house; by degrees became fat; warm baths continued; an aromatic infusion prescribed for drink. Restored in March. In delirium believed persons around her wished to kill her. Discharged June 19; discharged in good health. Died of consumption six years after.

We must not forget that three periods characterize the progress of mania, and each calls for different attentions. What resources does not hygiene offer, through its physical, intellectual, and moral agents, for the treatment of mania! Some physicians have confidence only in hygiene. However, pharmaceutical means have their utility, particularly in the commencement of the disease. In commencement and during first period, the maniac is placed on the ground floor, in a dark apartment, of which the air often renewed, is kept at a low temperature in warm weather, and

warm when it is cold. If violence extreme, fixed on the bed and motions mastered by the camisole. Submitted to the most strict diet; given cold drinks, nitrated, pure water, the decoction of dog's grass or barley, whey, emulsion of almonds, orangeade, water of cherries, gooseberries, &c. Left alone in his apartment; the persons necessary to serve him being within reach; presence of relatives and visits of friends interdicted, in order to reduce the patient to the smallest possible number of impressions or exciting objects. These means applicable but in the first period. Ought not to be kept constantly in their habitations, much less attached to their beds. Exercise with them an instinctive want. If not obstreperous, should be left in the fresh air to deliver themselves to all their mobility, to abandon themselves to all their extravaganees, to thus exhale and spend their fury. We should not have recourse to means of repression except when the maniac may run some risk of his life by his imprudence, or compromise that of others by his violence;—even then repression should be only momentary; should be prescribed by a physician, and placed in execution immediately after some turbulent act of the patient; it should cease when calm is established. Without, such cases would behave themselves vicinously to those who serve them. Those at night unwilling to remain in bed, if not seeking to do injury, had better be left free than constrained. Since fewer maniacs kept shut up, and greater liberty, number of the furious much diminished. Many maniacs have become paralytic from being fixed too long on a bed or chair. Are maniacs who will not wear clothing; they may be made to do so by the strait waistcoat, especially in winter, and at the end of the paroxysm. Aliments should be sufficiently abundant, and so distributed, as not to irritate by hunger and thirst; those of easy digestion, such as white meats, legumes, and fruits. Some maniacs, in the commencement of their attack, refuse all kinds of aliments; it is rare that this repugnance does not cease after some days. It proceeds sometimes from gastric distress, which diet dissipates, or which it suffices to combat by appropriate means. Sometimes also it happens that this repugnance is caused by the excess of the delirium, which deprives the patient even of a consciousness of his wants; a vesicatory to each leg, by diffusing the sensibility more uniformly, or by exciting a *derivative* pain, has sufficed, in the latter case, to conquer the refusal. I do not approve, with respect to maniacs, of the coercive means useful to some lypemaniacs. It has been thought that the moral treatment applicable to maniacs, consisted in reasoning and arguing with them: this is a chimera. Maniacs are not able sufficiently to master their attention, to hearken to and follow the reasonings which we make to them. Moral treatment consists in mastering their attention, governing their intelligence, and gaining their confidence. Although audacious and rash, they are easily intimidated. Fear exercises over them such an empire, that they become timid, trembling, submissive before persons who know how to impress them; fear, by its debilitating action, moderates the excess of their irritability, and disposes them to listen to and follow the advice given them; but it must not be extended to terror. Doubtless some maniacs have been cured by a considerable fright; but it is not reported how many have not been cured, because they have been reduced, by bad treatment, to a state of continual fright. We may inspire fear by a thousand different means, but the employment of these means ought not to be abandoned to the rough and ignorant, as they will abuse them; nor does its application

suit all maniaes. We may succeed also in arresting their attention by exciting their wonder and surprise. An imposing phenomenon, unexpected, which strongly affects the senses, may lead them to reason. When a person presents himself to a maniac with confidence and regards him fixedly, this furious individual becomes calm and tractable; so also, by an imposing exterior, by grave words energetically pronounced, we inspire him with astonishment, confidence, and respect: these effects remain also as long as the received impressions persist. The external character, also the physical, intellectual, and moral qualities of the persons who approach maniacs, or who take care of them, exercise great power over them. As physical shocks, energetic and disturbing medicines, cure maniacs, so moral shocks, lively and unexpected impressions, contribute to their cure. Oppose a great array of force to fury; an apparatus proper to convince the maniac that all resistance is useless, will render him docile, if we are constrained to employ force. Never recur to bad treatment; it degrades or provokes anger, and the anger of the maniac is fury. Attend to the susceptibility of all patients, particularly that of maniacs accustomed to the polite manners of great cities and the higher classes of society. Arbitrary punishments, prolonged seclusion, irons, blows, gross conversation, and menaces irritate instead of calming. If repression is necessary, exercise it without anger, without brutality, so that the maniac may not see anger merely in your conduct. *Case.*—A general greatly in the confidence of Bonaparte; æt. 45; small stature; very fat; of great intelligence; strong imagination. Had been much in the hot sun superintending the preparation of artillery at Boulogne; suddenly started for Paris, with an imaginary treaty of peace; exhibiting insanity, was placed under Corvisart and Pinel. In his family very violent, wounding the domestics when unrestrained. Confided to my care under direction of Pinel; very meagre; tongue thick and white; agitation extreme; delirium continual; ideas incoherent; and each moment cries, abuse, menaces, &c.; thirst, constipation, sleeplessness. Next day a bath ordered; said to me that he would not take it. I sent to him twelve domestics, with the superintendent at their head. He told the general that the bath was ready; the patient menaced, and declared that he would not bathe. On his refusal, superintendent told him that he had received orders to make him take the bath, if he did not yield with good grace. The general lifted himself fiercely, "Villains," said he, "do you dare to lay hands on me?" "Yes, general," said the superintendent, "it is our orders" (using a French military phrase), and at the same moment the domestics commenced moving. The general regarded them with haughtiness, placed himself to go forward, saying, "Do not approach me." Whilst in the bath, I went to him; he grew tranquil by degrees. I persuaded him that nothing was exacted of him but by my order and for the interest of his health. Thenceforth, perfectly docile. *Case.*—Æt. 27; lymphatico-nervous temperament; after a paroxysm of fury for six months, became melancholy. In the following spring, the epoch of fury the preceding year, all the signs of an accession: redness of face, restless eyes, diminished appetite, fetid breath, constipation, sudden motions, short answers; finally, after eight days, paroxysm manifested itself by cries, menaces, and abuse; he broke everything to be free; he repulsed me, and disdained my advice; in the night he delivered himself to an excess of fury; ordered that he should be permitted to wander in the garden; ran in it, singing, crying out, and swearing.

Took up a tree to exterminate his enemies; his domestic represented to him that he ought not to destroy anything; this advice badly received; domestic insisted; patient furious; ran forward to strike him. This had been anticipated: other domestics, placed at a little distance, seized him, and bore him to a chamber deprived of light. Presented myself immediately to him, complained of his fury, and made him feel the wrong he had done; left him alone to his reflections. Two hours after, no trace of fury, and began to be reasonable. *Case*.—A lady aged 48; of lymphatic temperament and odd character, became maniacal in consequence of the revolution. An intolerable haughtiness, and ready to strike every one; strait waistcoat twice for an hour, subdued her; thenceforth perfectly docile, praised my firmness, and treated me with friendship, although she had not recovered the entire use of her reason. *Case*.—A furious patient broke everything that fell in his hands. He struck his domestic, barricaded his chamber, and afterwards endeavoured to demolish it. I sent to him many domestics, who had orders to make much noise, and to say to him that he would repent if the door was not opened, and they were obliged to force it; he laughed at these menaces, the door is forced, the domestics enter precipitately in a crowd into the chamber, this disconcerted him, he threw himself on his knees, asked pardon, promised to be tranquil, and kept his word. *Case*.—A justice of the peace, in 1804, became maniacal, harangued sometimes in a very loud, menacing voice; he proclaimed condemnation to the scaffold of many of his compatriots. This was renewed many times in the day. A monomaniac, after concerting it with me, approached him one day, and told him to retire, as he was also insane, and being about to become furious, was then terrible and capable of killing everybody. This being reiterated, caused a cessation of the oratorical displays. *Case*.—A young man aged 20; surgeon in the army; sanguineous temperament; haughty character; quick and hasty; very studious; experienced some difficulties. Lost his reason, and believed himself designed to great things. Treated his comrades with contempt, and delivered himself up to acts of fury, challenged his colonel, menaced his father, &c. Confided to my care. Hair black and curly, eyes brilliant, look fierce and menacing; cheeks red; face pale, with a slight yellow tinge. Delirium general, loquacity continual; conversation imperious; motions sudden and jerking; repulses aliments with disdain. After an hour's isolation and great agitation, I went to him alone, seized him strongly by the arm, forcing him thus to be still near me, and after having looked at him fixedly, "Young man," said I, "you have to remain here some days; if you wish to fare well, behave yourself; if you conduct yourself as a man deprived of reason, you will be treated as we treat the insane. You see the domestics, they have orders to procure you what you ask with tranquillity and politeness; otherwise they obey me alone." After my exhortation was heard with an impatient tranquillity, I abandoned the arm of the patient, and he continued to walk with great strides, but without noise. Each time that he was agitated or cried out, I had but to appear or to make him hear me, and he was calm. Warm baths, cold lotions, acidulated drinks, laxatives given from time to time, much exercise, and the cure was operated progressively in three months. Assured me that, in spite of his delirium, he had always present to his mind what I had said to him at his arrival. *Case*.—A female who believed herself possessed by an evil spirit which made her utter cries, abuse, &c., was affected in

this way on the first night of her stay at the Salpêtrière. I went to her, complained of the tumult, and said, "I am able to repulse the evil spirit which inspires you; fear nothing, lie down." These words delivered with energy, and in a grave tone; went to bed and was tranquil the rest of the night. The observations which I have reported above, some of them demonstrate the good effects of moral influence upon maniacs, especially in the first moments of isolation, others the good direction which may be given to these patients even when the delirium and the disposition to fury persist. These facts may serve as an indication for circumstances analogous to those in which I was placed. We should not forget, that for success, the impression should be vivid and energetic. I have seen maniacs cured instantly by the impression which they felt on entering into a hospital or house for the insane.

The physician, who treats a maniac, ought not to seek to inspire fear, ought to have under his orders an individual charged with this disagreeable endeavour, who acts according to his instructions, and who may oppose himself, when there is need, to the fury, impetuosity, and violence of the patient. Physician should be a consoler: ought with address to manage the occasions when he may show himself benevolent and protecting, should preserve an affectionate tone, but grave, should ally kindness with firmness, in order to command esteem; by this conduct, will gain their confidence, without which no cure. He should permit visits of relatives; should prescribe recompenses and punishments; he directs all those who approach the patient and wait on him. In general, strictness as to interviews necessary, because recollections nourishing delusions, often brought up. We conceive that the direction during convalescence is entirely different. Most part of convalescents have need of consolations, encouragement, agreeable conversation, pleasant sensations, walks, and various exercises. Before a return to accustomed habits and to relatives, a time of trial more or less long requisite, during which the convalescent cannot remain in same habitation, where he saw disagreeable objects, &c. Convalescence often long and difficult, sometimes prompt, and then may fear intermittence. Some convalescents, restored to families, &c., do not acquire plenitude of health until after many months. Sometimes an aversion for those who have taken care of them. I advise travels and a stay in the country to convalescents, before permitting them to enter into their families, &c.

Administration of medicines properly so called claims grave reflection when we wish to combat mania; must guard against the spirit of system, and distrust exclusive medicine: it is easy to be imposed upon by the violence of the symptoms! will not answer to order same medicines indiscriminately to all maniacs, and at all periods of the disease. Independently of general considerations relative to season, age, sex, temperament, we must modify our views according to individuals. Must first assure ourselves whether mania depends on some pathological cause, and act according to this idea. Many have been rendered incurable by the effervescence of the delirium and the violence of the fury only being taken into consideration. When by the symptoms, when by observation, we cannot arrive at the source of disease, preferable to confine ourselves to a wise expectation. In the commencement of mania, in the first period, we endeavour, by mild means, to relieve the *primæ viæ*: if there be gastric symptoms, we give one or two emetics, tartar emetic dissolved in a large quantity of barley-water, whey, &c. If

signs of plethora, repeated bleeding; leeches behind the ears or to the temples, scarifying cups to the nucha, frequently a small number of leeches to the anus. The redness of the face and eyes, noises in the ears, a pulsative pain in temples or scull, reveal this tendency to cerebral congestion. Must be moderate in sanguineous evacuations. By enfeebling maniacs, we run the risk of precipitating them into dementia. Bleeding, says Pinel, is a rare thing, &c. We employ warm baths, they are continued two and three times a day, giving one each time that the delirium and fury are renewed, especially if of a dry and irritable temperament; length, two, three, and four hours. Every time the patient is in the bath, lotions of cold water on the head are made, sometimes by turning water on it, sometimes by keeping upon it linen or sponge soaked in water. We lay stress upon the use of cold drinks, diluent and slightly laxative. Lastly, we relieve the large intestines by injections at first emollient, then purgative; diet should be rigorous. When symptoms have lost their violence, permit the patient to exhale his fury in the fresh air, and to spend his activity by granting him more liberty. A more abundant alimentation permitted. If intervals of reason, we redouble our tokens of interest and good-will; if crises are manifested, we respect them, we second them by a more nutritive diet, and by some mild tonics. Following observation proves the danger of interrupting the progress of nature. *Case.*—A female aged 36; entered the Salpêtrière, 1818. Maniacal and furious, very meagre and irritable; date of entrance, Jan. 18th; delirium persisted with same violence up to commencement of August; then an itchy affection, which made rapid progress; delirium diminished, and, at end of month, had almost ceased entirely. Wishing to free her from the tormenting itch, made her take sulphureous baths and a bitter pisan; itch diminished after four baths, and delirium and agitation reappeared, baths suspended, but in a few days after, died, very much enfeebled. Very likely that had I been content to sustain the strength, the itch would not have disappeared, the crisis would have been complete, and convalescence would have assumed a regular progress, eventuating in cure. Readers will pardon me this confession: I wish to convey fully the importance of respecting critical efforts. Finally, when calmness is established, when the patients commence recognising their situation, although there still remains delirium, although the affections may not be aroused, it is necessary to change their location, to draw them from the places where they gave themselves up to their extravagances, to surround them with new objects proper to distract their attention; we excite them to work and exercise, and prescribe a strengthening regimen. Same management in each paroxysm of intermittent mania; in the intermission, remedies proper to combat the periodicity. Bark, so useful in intermittent fevers, succeeds sometimes against intermittent mania; but is often ineffectual, perhaps because it is not given in a sufficiently strong dose, because it is not employed until the malady is inveterate, and when all other medicines have failed. Have seen it succeed in some recent cases of intermittent mania, and the paroxysms of which occurred every three weeks or every month. But treatment of mania would cease to be rational, if all periods of the disease, and all maniacs were treated in the same manner; when mania has passed into the chronic state, therapeutic means to be varied according to circumstances. If mania has burst forth after menstrual suppression, hemorrhoids or habitual hemorrhage, we practise

general bleedings, local bleedings renewed from time to time, and in small quantity, and other means proper to establish those evacuations. If mania exhibits itself after childbirth, from a sudden suppression of milk; laxatives, purgative injections, vesicatories, and setons suffice ordinarily to terminate it. *Case.*—Æt. 28; mother had a slight attack of apoplexy, &c. (detailed in puerperal mania). Fifteen years after marriage, fell into a state of hypochondriacal lypemania, came to consult me, and asked a blister, from recollection of its good effects formerly. In the same circumstances, I have found advantageous the whey of Weisse, continued many days successively, with a diluent drink. This purges ordinarily in the dose of 12 ounces, and does not provoke colic. I have prescribed, in mania arising after childbirth, three laxative injections, every day, for one or two weeks; the patient is placed upon a severe diet. I can report many examples of good from this measure: the injections are composed of milk and four ounces of sugar. If mania be produced by retrocession of gout, by the disappearance of tetter, by the sudden cessation of itch, by the suppression of an ulcer, we employ means which may recall these maladies, and sometimes, by an exutory, supply the place of affections which have disappeared. Thus, last year, we cured, as if by enchantment, from a seton to the nucha, a young person who became maniacal immediately after the cicatrization of an ulcer which she a long time had on the cheek-bone of her left jaw. If from worms in intestinal canal, calomel, combined with jalap, aloetics, gamboge, &c. If from a grave malady, intermittent fever, onanism, the feebleness occurring from too rapid growth, we combine a strengthening regimen, asses' milk, bark, and bitters with warm baths, which calm the nervous irritation, then river baths, and sea baths. Affusions of cold water have first calmed and then cured furious maniacs of the nervous temperament, whose idiopathic mania has been caused by disorder of the nervous sensibility. Following facts prove that the action of this means is not always physical. *Case.*—Æt. 25; sanguineous temperament; tall; moderate embonpoint; very intense susceptibility; deceived twice by lovers; met second at a ball, and fell into syncope. Taken with delirium; a thousand wild actions, but saying nothing. In three days return of reason, but eight days after, from abuse of a companion, reappeared, with suicidal attempts; rules suppressed; bleeding, leeches to vulva. A month after, admitted at Salpêtrière. Hysterical; paroxysms calmed by warm baths. Jan., 1812 (attacked preceding July). Furor uterinus; antispasmodics, asafœtida, &c. Autumn passed in alternations of delirium and reason, in spite of prolonged and frequent baths. Jan. 1813. Same agitation, incoherence and loquacity; walked much, talked incessantly, committed a thousand extravagances, cut pieces of her clothes and gave them away, and embroidered odd designs upon them. May. Leanness and extreme agitation. June. Affusions of cold water: first at 14°, followed by shivering, lasting all day. Next day calm, delirium the same. Three days after, new affusions, followed by a more marked calm. Following days, affusions continued, each day more reasonable. Aug. Reasons justly, works, but remains hysterical. Finally, discharged in Sept. perfectly cured: after 22 months' disease. *Case.*—Æt. 18; nervous temperament; subject to cephalalgia; violent in character. In Jan. and Feb. studied hard. In March, after a confessional, thought she had offended God, and found weeping, &c. A bleeding and a bath. At the Salpêtrière, asked for her mother, wished

to go out, much agitated, incoherent and obscene conversation. Then became furious; a douche calmed her. Following days, same agitation; warm baths. Cold affusions at 14° . From first no appreciable effect. Two hours after, great efforts in resisting renewed affusions. After fifteen minutes taken with a shivering, teeth chattered forcibly, legs not able to support body, pulse small, slow, concentrated; carried to bed, and almost immediately slept. Sleep of four hours, with abundant perspiration. On awaking, reason perfect. Since, not a moment of delirium. In two months completely cured and restored to family. *Case.*—Æt. 24; a washerwoman; sanguineous temperament; passionate; lively; admitted at the Salpêtrière, Feb. 19th, 1812. Delivered on 9th, and six days after went to washing. On return, a shivering; and after this went to see the public punishment of two female criminals; returned in a state of delirium. Day after admission, very much agitated, crying out incessantly, &c.; breasts hard and enlarged: camphor liniment to them, and were relieved. Convulsions with foaming at the mouth, after which talked much. March 2. General debility, agitation, &c. May. Same delirium. June. A little more calm, loquacity undiminished. July. Same state. Warm baths, and a laxative drink, without amelioration. Aug. Vesicatory between shoulders without appreciable effect. Dec. Menstruation, without change. Same in winter. June, 1813, cold affusions repeated daily. Febrile reaction after each affusion, and delirium moderated; each day sensible progress towards a cure, which was completed by the end of July. Menses established and regular. Finally restored to family. Since discharge, three deliveries without health being affected. *Case.*—J., aged 15; admitted at Charenton Aug. 18th, 1836; dementia, bordering on stupidity, in consequence of onanism. Skin discoloured, eyes, which are large and blue, dull, gait unsteady. Does not speak, scarcely answers in monosyllables, not appearing to comprehend the questions addressed him. Submitted him to affusions at 14° . Shivering very marked; many hours before getting warm. After second affusion, frictions with woollen stuff on the back and lower limbs. After sixth affusion colour more animated; appeared to arouse. By degrees strength re-established; walked with more confidence, answered more willingly and justly to questions, and asked for a greater quantity of food. Fifteen affusions sufficed to assure the recovery. In 1813, during the summer, submitted four maniacs to affusions of cold water: one of these females was not warm again until after 12 hours, then she slept and was cured on awaking; reaction feeble in the others, but the delirium lost its activity, and they were cured a few days after, without new affusions. Affusions of cold water have often succeeded, either in awakening and exciting the forces, or in recalling to the exterior the too concentrated innervation; but very certainly this powerful therapeutic agent does not act in the same manner upon all subjects. The young J., spent by onanism, was pale, swollen, in a state of dementia; the affusions here had a tonic action, whilst the other insane persons were maniacs. In them, it is evident that the affusions produced a salutary febrile reaction. In the fourth, the cure was operated less by the physical action of the cold water, than by the moral influence exercised through this medication. Douches of cold water on the head have, even in the present day, passed as a specific. Have the physical sedative action of cold, and a moral action, as a means of repression. Most convalescents say

generally that they have derived benefit from them. Some maniacs demand them; they should not be abused. If mania be complicated with excitement of the genitalia; to be treated by hip baths, and by injections cold, or prepared with opiates, hyoseyamus, asafetida, water of cherry-laurel, &c. It has also been advised, in this case, to administer internally the acetate of lead, and camphor combined with vinegar.

But if mania resists the treatment directed according to the best therapeutic views; then admissible to recur to the disturbing method, to empiricism even, when a wise and experienced physician directs its application. When a maniac is young, strong, robust, well-fed, plethoric, we may reiterate the bleeding. I have found benefit from the application to the anus of three or four leeches, renewed every eight or fifteen days, according to the strength. Second the fluxion towards the hemorrhoidal vessels by hip baths, or by aloes. To diminish the impulse of blood to the brain, apply ice upon the head; maintain there, by the aid of sponge or linen, cold water or oxycrate, whilst in the warm bath, or feet in warm water. Drastics have been used, and there is no purgative substance which has not been employed: these medicines succeed in producing in the intestinal canal a strong irritation, which relieves the brain: drastics excite an evacuation of the dark, pitchy, mucous matters, whose presence sustains delirium. When maniacs refuse all medicine, and we wish to act on the alimentary canal, we mix a purgative with their food, or prescribe an emetized drink; make frictions on the abdomen with croton oil, or have recourse to injections, and even the ascending douche. We must not forget that, in mania, constipation is a symptom as bad as liquid and abundant dejections. In ordering purgatives, we ought to fear that very distrustful maniacs will not be persuaded but that they are given substances calculated to poison them. When we make use of drastics, and even purgatives, we find it advantageous to alternate them with warm baths. Areteus thinks highly of distilled vinegar; Locher also vaunts its use, and Chiaruggi has combined it with camphor—camphor, ʒi.—ij.; distilled vinegar, ʒij.—iv. Taken in some vehicle, by spoonfuls. A young insane person having been cured, after swallowing an ointment containing not less than 24 grains of opium, attention of practitioners directed particularly to effects of narcotics. These do not suit when there is plethora. Valsalva and Morgagni proscribe opium; and the first says that he has cured many maniacs by using the infusion of poppy. Drs. Sutton and Pery have cured, with opium, maniacs tormented with thirst and sleeplessness. M. Pery assures us that he has employed it in the dose of 64 grains a day. Many English physicians, and particularly Dr. Locher, who has been a long time head of the insane hospital at Vienna, praise digitalis; it is given in substance in the dose of from one to twenty and thirty grains, twice daily. The English prescribe the tincture in the dose of from 20 to 50 drops, two or three times a day. I have elsewhere spoken of the bath of surprise, as a disturbing and empiric means. Van Helmont submitted maniacs to submersion. He would have it prolonged, until the patient was nearly dead, in order, says he, to destroy all traces of extravagant ideas. The houses for the treatment of the insane were near rivers, in which they were thrown, bound hand and foot. Boerhaave and Van Swieten gave the same advice. Cullen proposed immersion in cold water, in order to provoke shivering and consequent reaction. Many facts observed in Eng-

land by Cox, Haslam,* and Fox, and the trials made at Berlin, by Drs. Hufeland and Horn, seem to be in favour of the rotary machine. How could men so skilful ever have introduced into the practice an agent so dangerous? It is now everywhere abandoned. Moxa to the top of the head has been proposed. I avow that I have never made use of it in mania. I have often tried it without success in dementia complicated with paralysis. Is it not to be feared that inflammation within the cranium may be excited here? Professor Chaussier was of this opinion. Dr. Valentin, of Nancy, has proclaimed the good effects of the actual cautery applied to the nucha. I can affirm that this means has sometimes succeeded in the most furious mania, and even with very meagre and irritable subjects. It may have an evil moral effect, and I have seen females at the Salpêtrière defend themselves from meriting being branded. As all other disturbing agents, besides its physical action, it exerts a moral influence, as the following facts prove. *Case*.—Mania with fury; a young girl; wished to apply a red-hot iron whilst she was in the bath; iron merely grazed the skin, when the patient immediately recovered her reason. This young girl, whom fear cured, has remained as an attendant. *Case*.—Æt. 26; lymphatic temperament; became maniacal in April, 1823. Bled and bathed at home without success; entered Salpêtrière 26th May; mania with fury and agitation, which nothing could calm. In October, applied the actual cautery to the nucha. Preparations agitated her much. Scarcely was the iron applied, when to her cries and agitation succeeded an instant of silence, then a torrent of tears, then each day progress towards cure, which was complete in two weeks. Remained some time amongst the convalescents, and returned to her family, the 19th of Nov. of the same year. *Case*.—Aged 20; tall; robust constitution; brought to the Salpêtrière, in a very violent state of mania. Ordinary means did not change her condition; and I decided to apply the actual cautery to the nucha. All the preparations being made, force was employed to hold the patient. So frightened at the sight of the iron, that she redoubled her efforts to get away. Restrained, but as soon as she felt the iron approach, made new efforts, got loose, and remained for five minutes in a complete state of reason. Demanded with calmness what they wished to do with her, and entreated them to spare her. I consented to defer the application, if she would be henceforth reasonable and tranquil. Promised, and kept her word. In two days, transferred to division of convalescents, and was not slow in recovering. Declared that fright at the iron had contributed to her cure. For iron heated in the fire may be substituted iron heated in boiling water. There is a means less terrifying to patients, less energetic, but which calms maniacs, especially when the integuments of the head appear gorged with blood; I speak of scarifying cups, applied to the nucha. For this, the hair on the posterior region of the head is shaved, many cups are applied to the nucha, neck, and shoulders, scarifications more or less deep are made, and then cold lotions applied upon the head.

Such are the medicines which have been signalized as proper to combat mania. We cannot conceal the fact, that the success attributed to heroic remedies is far less great, than that obtained from a good tendency given to maniacs and those attending to them, by a suitable regimen

* For Haslam, should perhaps here be read *Hallaran*; we think the former always opposed the rotary chair.—G.

and by a wise expectation, and that it is preferable to look to time and to the efforts of nature, rather than the employment of medicines often hazardous, rarely useful, and sometimes dangerous. Otherwise, in enumerating the principal medicines proposed to conquer madness, I do not think that it can be supposed that I advise the employment of all of them, successively, on one patient: I must believe that a well-instructed physician will not attend here but to the general indications respecting the employment of therapeutic agents, already tried; each one ought to make an application in particular cases, according to his knowledge, his experience, and his discernment.—1818.

Dementia.—*Acute dementia* is cured easily by regimen and tonics: frictions, horse exercise, river baths, bark, musk, valerian, &c., are generally useful. It is cured by the re-establishment of suppressed evacuations, by recalling to its primitive seat the primitive displaced affection. It sometimes terminates happily by an explosion of acute mania, which is then critical, as following fact proves. *Case.*—Æt. 20, middle stature, chestnut hair, blue eyes, pale skin, restless physiognomy, born of a darts parent; at 20, in July, having suffered violent pains in the head for three months, had a quarrel with one of her companions. Sleepless during some days, and later, delirium, said she was dead, and face became very red. At intervals, cries, tears, agitation, convulsions of the face, and declared she suffered horribly. Four days after, received at the Salpêtrière, in a state of mania, which persisted even to the month of September. At this period, fell into a state of complete dementia; appeared insensible to all that passed near her, did not speak, move, or return any answers. This state persisted to the month of December, when I applied the actual cautery to the nucha. This excited a general agitation and a maniacal delirium which persisted during many days. In January the menses were re-established, and convalescence commenced.

To combat *chronic dementia* has been advised, vesicatories, the seton, moxa, fire, irritating frictions, sea baths, electricity, &c. All these means have unhappily had as their result success very rare and ephemeral. Country air, moderate exercise, and a tonic regimen, may arrest the progress of senile dementia, and in some manner suspend its termination. The paralytic should frequently have a change of linen, and may be washed with an infusion strongly aromatic, or even with alcohol mixed with water.

M. Esquirol details in this article on dementia, several cases of that peculiar form of disease, entitled by M. Calmeil, "monomania with paralysis"—in which the delusions of the patient have reference to wealth or grandeur, or similar ideas, until the scene closes in death, or chronic dementia. The following are the remedies which he employed in the cases which he reports, all of which, as is almost universally the case in this variety of insanity, had an unfortunate termination—cups to nucha, douches, baths, affusions of cold water, laxatives, purges, leeches, valerian, and bark; also a seton to nucha. Observes in one case, "I added that an active medication would hasten the progress of the disease, while the country, exercise, a strict regimen, and the reiterated application of some leeches, appeared alone suitable;" and at the conclusion, "This individual owes the preservation of his existence to the strict regimen to which he was submitted, to the abundant exercise

which he takes every day, to the reiterated application of leeches to the anus, and the frequent administration of mild laxatives.—1814.

Suicide.—It is to the treatment proper for each variety of madness that we must have recourse, in treating an individual suicidally inclined. Suicide is sometimes cured spontaneously, like the mental maladies, by the influence of hygienic agents, or by some physical or moral crisis, or by the aid of medicines. (Mentions the man of letters spoken of by Pinel as being cured by an attack of robbers, ecclesiastic reported by Charpentier, &c.) Moreau de la Sarthe reports an analogous fact to that related by Charpentier. *Case.*—A female lost a part of her fortune, became sad, and wished to kill herself; new misfortunes ruined her, and the endeavours necessary in this new position sufficed to cure her. How many females have come to the Salpêtrière, whom misery or domestic grief has decided to end their days, and who are cured by affectionate attention, consolations, the hope of a better future, and by good nourishment! Many of them renounce their fatal design, when they are deprived of the means of self-destruction, when they have been convinced that they will be made to live in spite of their resistance. Some physicians have proposed a specific treatment against suicide. Some, persuaded that the liver is the source of the disease, counsel the purgatives entitled hepatic; others desire bleeding, in order to relieve the great vessels of the brain. Those believing that the suicidal tendency arises from enfeeblement or oppression of the vital principle, have advised tonics in large dose. I am able to say that bark, combined with opium, with hyoseyamus, and with musk, has sometimes succeeded in modifying the sensibility of these patients, by procuring them sleep; but these means are not applicable to all cases. Subjects enfeebled by onanism obtain benefit from the cold bath, and even from aspersions of cold water. Avenbrugger has proposed an exutory upon the region of liver, and abundant drinking of cold water; Theden and Leroy also propose the latter. Chevrey cites many observations proving cures by Avenbrugger's method. I have submitted to this treatment many patients who have made various attempts; I have not obtained much success. To three of these patients treated at the Salpêtrière, I applied to two a seton on the right hypochondrium, and a vesicatory to the third. I have reported a lady upon whom placed a large seton, in region of liver. At Charenton placed vesicatories upon the same region. Setons and vesicatories, kept up during many months, have not produced any amelioration. The suicidal, as all the hypemaniacal, think too much: it is necessary to hinder them from thinking or to force them to think otherwise than they do think; reasoning is of no avail, moral commotions do more good. Celsus wishes that individuals who have a suicidal propensity should change their country; physicians of all time have advised exercises of the body, gymnastics, equitation, the cultivation of the earth, travelling, &c. Individuals having a suicidal propensity should lodge on a ground floor, in a habitation gay and agreeably placed; they should be watched night and day by persons vigilant, and guarded against the craftiness of suicides usually very well calculated to sport with the most active supervision; if forced to recur to the strait waistcoat, this ought not to be a motive for security: patients have employed the strait waistcoat to strangle themselves with. A female had been kept at the Salpêtrière upon her bed, with the strait waistcoat; during the night she over-

turned herself from the bed : and her body pressing with all its weight on the trachea, she was asphyxiated. A patient restrained in his bed, threw out of the couch the straw, and remained suspended and strangled by the camisole. In public establishments, suicidal claim the greatest supervision. They ought not to be placed in isolated cells, but in common halls, in order to be better watched by their neighbours and the servants. It is to this attention, and the advantage of having all the habitations on the ground floor, that we are indebted at the Salpêtrière, having scarcely any suicides, since, of a population of eleven or twelve hundred lunatics, amongst whom a hundred at least have made attempts at suicide, in ten years, we have had but four suicides effected, whilst everywhere else the number is infinitely more considerable. I felicitate myself in having, first, made a general precept of the common life of suicides, a precept which has not been lost as to other establishments, which have made an application of it, in those where there are many individuals inclined to suicide. We should not be alarmed at repugnance to eating in the commencement of insanity ; it is dissipated when the irritation of stomach or gastric distress have ceased ; we combat this repugnance by an immediate medication, when it depends on alteration of the digestive canal, by the application of leeches to the epigastrium, by means proper to relieve the intestines, or even better by derivatives, such as irritating pediluvia, sinapised cataplasms, or even vesicatories to the lower extremities. When the refusal of aliments depends on lypemania, a desire of self-destruction, we must act promptly and with energy. We have recourse to means of persuasion, we excite the sensibility by tokens of tenderness, and affection on the part of persons who are dear. It has been counselled, and by Pinel amongst others, to strike the imagination of the patients by some array calculated to affright and to make them fear an evil greater than the moral pain which they experience ; the douche and cold baths have sometimes conquered resistance. If all these means fail, if refusal of aliments persists, if the patient have taken the resolution to die by abstinence, it is necessary to resort to the forced introduction of alimentary substances into the stomach ; many mechanical means been devised for forcing patients to open the mouth ; these are violent, and do not always succeed ; a gum-elastic sound through the nostrils usually succeeds, if used before abstinence has determined inflammation of the stomach and intestines. One accident has been met with by me : a false passage having been made, in a young man, with this sound, a mortal inflammation ensued. It is usually without danger, and has preserved the life of a great number of patients whom I have attended, either in public establishments or in my private practice. *Case.*—Æt. 25 ; mother very nervous ; tall, though rickety ; black eyes and hair ; very lively imagination ; on the point of marrying, when met him whom she was about to marry, in company with a young lady ; agitated, angry, and despairing ; some days later believed herself abandoned ; thenceforth wished not to live, and resolved to die of famine ; tenderness of mother not able to conquer this determination ; grief, sleeplessness, and the refusal of aliments, threw her into a state of great debility. Called to her : leanness extreme, feebleness very great ; hollow, haggard eyes, skin dry, &c., almost aphonia. Bouillon and a few spoonfuls of sugar and water injected ; emollient fomentations on abdomen, heat excited in the legs and feet by cataplasms slightly sinapised and frequently renewed ; same treatment following days, soup injected four times daily ;

on the fourth day, a gelatinous bath of half an hour; eighth day, baths prolonged, alvine dejections less dry, less rare, and less difficult. Tenth, transported from noisy abode, to a retired quarter, in the neighbourhood of vast promenades; sleep re-established, leanness diminished, skin clear, voice more sonorous, skin less burning, pulse more developed, but too feeble to walk, remains sad and silent, and persists in not taking elements. Not until fifth month, after some walks, after having regained her strength and embonpoint, that she spoke voluntarily, ate like everybody else, and regained her ordinary manner of living. *Case*.—A female; æt. 36; mother of a family, suckled an infant: in consequence of moral affections, wished death; but, she said, "I have not courage to kill myself, and in order that I may suffer death, must kill some one:" and she tried to kill her mother and her children. Conducted to our hospital, was meagre, sad, did not speak, refused to eat, did not wish to take any remedy; all the characteristics of the most profound lypemania. Menace of being covered with vesicatories made her take the whey of Weiss, which kept the bowels loose. Extract of bark and musk for more than a month, then returned to purgatives; less sombre, but often repeated, "I must kill my mother;" bathed during heat of summer; some douches in September; a second vesicatory. Appeared sensibly better, and parent taking her away in October, she then entirely recovered.—1821.

Some of the furious and monomaniacal find means of demolishing thickest walls; a bone, nail, &c., sufficient aid: some patients strike their heads against the wall; the former have been placed in cells surrounded with wood, and the latter in padded cells. Both of these become more easily soiled, and difficult to prevent from smelling bad. The best cell for the insane is one resembling most the ordinary chambers of the country in which the asylum is placed. All the trials which I have seen made, and which I have myself conducted, lead to the conclusion that the privies should be isolated from the buildings. The beds of the furious should be fixed by their four feet to the plank beneath them; and isolated from the walls, in order to have around them a free circulation of air. To all objections to strait waistcoat, I answer that at Paris this means is sufficient, and that the faults of which it is accused belong to an ignorance as to its use, and to its abuse. Cholera formerly at Charenton, guarded against by the wisest precautions of salubrity; many of the corridors and cells whitened with lime; strictest supervision of regimen and cleanliness. Patients had a warm pottage in the morning. Thus escaped, whilst many had the disease at the Bicêtre and Salpêtrière.

1838.—Dr. G. G. Sigmond says, both in maniacal affections, and in melancholia, opium has been given by some practitioners, in very large doses, and occasionally with good effect; must, however, be considered rather a doubtful remedy. Bernard Hute first gave a very favourable account of its effects in large doses. Dr. Ferriar tried it, and gave in one case sixteen grains in a day, without benefit. In other cases similar results; with bark and aromatics, where the symptoms resembled those of low delirium in fevers, eminently successful. Pinel greatly approves of Dr. Ferriar's method, &c. Dr. Laughter, physician to the lunatic asy-

lum at Vienna, administers opium at bedtime as a soporific, and seems to think general health much improved by its use.

HILL.

A LECTURE ON THE MANAGEMENT OF LUNATIC ASYLUMS AND THE TREATMENT OF THE INSANE. By Robert Gardiner Hill, Member of the Royal College of Surgeons, London; House Surgeon of the Lincoln Lunatic Asylum. 1839.

THIS lecture recommends total abolition of restraint in asylums. It may be demanded, what mode of treatment do you adopt, in place of restraint? How do you guard against accidents? How provide for the safety of the attendants? In short, the substitute of coercion is what? The answer may be summed up in a few words, viz.—*Classification—watchfulness—vigilant and unceasing attendance by day and by night—kindness, occupation and attention to health, cleanliness and comfort, and the total absence of every description of other occupation of the attendants.* This, in a proper building, with a sufficient number of strong and active attendants, best calculated to restore the patient; and all instruments of coercion and torture absolutely and in every case rendered unnecessary. Patients disposed to suicide should always be placed in an open dormitory under watch. *Nothing else can prevent suicide under any system whatever.* An attendant never to have more than 12 or 15 patients under his care: that number of violent patients requires at least two. Laws of France assign one keeper to every ten patients. In the treatment of the insane, medicine of little avail, except (of course) when suffering from other diseases. *Moral treatment, with a view to induce habits of self-control, is all and everything.* The use of the lancet, leeches, cupping-glasses, blisters, drastic purgatives, and shaving the head totally proscribed at Lincoln, as at Gloucester. Bowels kept open, general health attended to, and allowed a generous diet, but no fermented liquors. Patient should be aware that he is *observed*, though not *suspected* of wrong; and aware also that the person who observes him is powerful enough to control him. Out-door employments with moderate exercise, cheerful society, the occasional presence of friends, and even of visitors, healthy recreations and amusements, the enjoyment of the sweet music of spring, of a calm summer evening, the care of a garden or a shrubbery, or the cultivation of rare and choice flowers—all unite to induce a healthy tone of mind. No patient should be *compelled* to work. Sedentary employments not good. Offices of religion soothing and favourable to many: has found the evening service, and the calm and sober strain of piety, which pervades the Liturgy, well adapted to them. Religious excitement of the feelings always bad. Feelings should be consulted as far as possible: should never be terrified—bath of surprise, rotary chair, and all such devices, cannot have a good effect.

Wherever restraint may become necessary, *owing to the imperfect adaptation of the building, or to a want of sufficient attendants*, the most simple means should be selected; thinks a darkened room here preferable to any other restraint. At Lincoln, on misconduct, a patient is immediately removed to the refractory patients' gallery, where he remains

until he has pledged himself that his future conduct shall be more orderly: this the only method employed to induce self-control. *A maniac is seldom known to break his word.* Violent cases and suicides would be extremely rare, if non-restraint generally adopted, in conjunction with dormitories and night-watches: in dispensing with restraint altogether, the latter must be the case, or the attempt would be attended with extreme danger; without them, it would be necessary to restrain such as exhibit a tendency to suicide; under this system, cases of insensibility to natural calls would be seldom met with. The watch-rooms at Lincoln contain eight beds each, for those destroying bedclothing and to epileptics; two open dormitories containing 18 beds for patients disposed to self-destruction, adjoin them: have a watchman and a clock ingeniously contrived to denote when he is off his duty. Has never had any difficulty in calming a patient in a state bordering on violence; has generally found one or two kind expressions sufficient to assuage any feelings of anger or violence; and much will always depend on the demeanour of the superintendent, as well as of the attendants: the latter should be tall and powerful in appearance, as a diminutive person would be liable to be attacked; they should be able to control without even the appearance of anger, and their demeanour and directions should be firm and decisive.

Case—1838, April 12th. Readmitted this afternoon; æt. 20; brought in a strait waistcoat, in a state of the greatest excitement: five persons could scarcely bring her. A Baptist, single; attacked a week since; former three years ago, recovering after three months' stay in establishment. Raves chiefly on religious topics, and is subject to violent and sudden fits of phrenzy. During the former attack attempted self-destruction by jumping into a stone-pit; occasionally destroys her wearing apparel. Grief and religious excitement assigned as the immediate exciting cause. 8 P. M. Been very active in her personal exertions, and is unable to control herself. April 13. Been under watch, and restless the whole of the night; she is still very active in her personal exertions, but more tractable than yesterday. April 14th. Become quiet and orderly. April 15th. Continues calm and well-behaved. April 18th. Lost all disposition towards any inordinate action, and been removed to the moderate patients' gallery. Judges certainly, that the *irritation of personal restraint had occasioned the excitement she at first exhibited.* Strait waistcoat was instantly taken off on her admission. April 20. Been removed to the convalescent patients' apartments, and now employed in needlework. From April 20 to June 11 inclusive. Employed in household-work, needlework, &c., &c. June 11, discharged and engaged as kitchen-maid.

Case.—1838, April 5—æt. 52. Received this morning. A labourer, married, with a family of six children; attended the church regularly, and also for many years attended the Wesleyan meetings. First attack in his 29th year, when confined thirteen weeks in Mr. —'s establishment at —, where he recovered. This, the second attack, commenced ten days since, and no assignable cause except some recent religious excitement. Subject to sudden fits of phrenzy, in one of which he escaped from his friends in a state of nudity; has conceived a strong dislike to the persons who have taken an active part in restraining him. No injurious attempts. In a strait waistcoat since commencement of the attack: three men accompanied him hither. 8 P. M. Since admission

been rolling about the floor of the refractory patients' gallery; has also been jumping and running to and fro; has just run violently against the gallery door and broken it. April 6. Very restless and incoherent, and has been so the whole of the night;—again rolling on the floor of the gallery—have desired the attendants not to leave him, for fear he should get hurt by any of the other patients. April 7. Though not so active in his personal exertions, he is still restless,—complains of thirst; have ordered the attendant to offer him cold water frequently during the day and night. Has slept under watch since his admission. April 10. He is not so restless, and is certainly improved in health. April 14. He continues to improve. April 18. Lost all disposition to any inordinate action, and has this morning been removed to the moderate patients' gallery. April 21. He is rational, quiet, and well-behaved. April 28. Been employed in household work and in gardening, since the 18th instant. From April 29 to June 11 inclusive. Been employed in the wash-house; occasionally been allowed to go to town with an attendant. June 11. Discharged recovered.

Case.—1838, April 23. *Æt.* 28; received this morning; married; a labourer; a Methodist; always been considered a sober, industrious, and respectable person. First attack, coming on a few weeks since, previous to which, for a fortnight or three weeks observed to be more than usually devout and enthusiastic in his religious exercises. Subject to sudden fits of phrenzy, but certificate does not state whether dangerous or otherwise. Religious excitement assigned as immediate exciting cause. Appears that the malady has been much aggravated by the use of the strait waistcoat and other instruments of restraint. Bound down to bedstead for three or four last weeks, and health much injured in consequence. Appearance ghastly, and from long confinement has not the proper use of his lower extremities. Large sores upon his back. 7 P. M. Quiet since his admission, but restless, talkative, and noisy. April 24. Been under watch; passed a restless night;—somewhat noisy this morning, and talks much on religious subjects, fancying that he has converted to his own views the workmen employed at the Union. April 25. Now tractable. April 26. Improving. April 30. Quiet and orderly, and removed to moderate patients' gallery. May 1st. Rational, calm, well-behaved, and removed to convalescent patients' apartment. Gaining strength rapidly, and recovering the proper use of his lower extremities. From May 1st to 25 improving in health. May 26. Recovered his health. Been permitted this day to go beyond the walls, accompanied by an attendant and one of the other patients. From May 26 to June 11. Employed in the garden, yards, &c. June 11. Discharged recovered.

Case.—*Æt.* 50. Received Jan. 19th, 1838; two children. Attack about 7 months since; raves on various topics; subject to sudden and violent fits of phrenzy, and very prone to destroy property. Immediate exciting cause, loss of husband, who died insane. Patient attended on him during his illness, and up to his death, when she herself became insane. Very violent, and has been confined in a strait waistcoat since commencement of attack. Insensible to the ordinary calls of nature. Jan. 20. Passed a restless night. Blankets in a strong case: very active in her personal exertions, and is noisy, and unruly. Jan. 22. Very refractory and quarrelsome. Jan. 25. Noisy, and refractory. Jan. 26. Continues noisy and refractory. Jan. 27. Continues inattentive to the

ordinary calls of nature. Has destroyed her pillow-case and night-gown. Her blankets are enclosed in a strong case. Jan. 29. Tears her clothes, and commits other acts of gross extravagance. A strong dress has been purchased for her. Jan. 30. Continues to indulge her destructive propensity. I have desired a nurse to sit by her in the daytime. Feb. 9. Has by some means effected an opening into her blanket-case, and destroyed its contents—four blankets. Have ordered the pieces to be collected and quilted in the case. Feb. 10. Much quieter during the night than for some time past. The nurse is obliged to remain with her in the daytime, or else she would not only destroy her clothes, but those belonging to the other patients. Feb. 11. Been very restless during the night. I have desired the attendant on watch to visit her occasionally, which can be done without neglecting the other patients, by having another nurse to sleep in the watch-room, and both to watch alternately. Feb. 25. Very violent and abusive. March 8. Very incoherent and disorderly. April 9. Still inattentive to the ordinary calls of nature, and shows a strong inclination to destroy property. April 19. Withdrew woollen rags from case by a hole made with her teeth. Removed to watch-room, and every natural want strictly and regularly attended to. Result, quietude during the whole night, and attention to the requirements of nature. Confined in a strait waistcoat for many months previous to her admission. April 26. Continues attentive to the ordinary calls of nature, being under watch. Has certainly the power to control herself, and has lately endeavoured to do so in the daytime as well as during the night. Previous to her removal to the watch-room, told that if cleanly in her habits, she should be treated like the other patients—instead of straw, having a flock-bed. Promised to be clean, and kept her word thereafter. May 1st. Though very incoherent and mischievous in the daytime, yet is far more orderly than she used to be. May 7. Clean and orderly. 1839. Feb. 14. Continued so ever since. Had she been put under restraint, she might have continued for ever a loathsome object, insensible to the call of nature; for the case was and is incurable. Recent observation has convinced me that if dormitories could be provided for the insensible patients also (those not attending to the wants of nature), such might speedily be restored to habits of cleanliness. This plan has been attended with the happiest effect in some late instances; and indeed we have now few patients who are dirty in the daytime; why then in the night? Simply because they can be attended to only in the daytime; and if this attendance could be given also in the night, cleanliness and self-control would speedily intervene.

In the Lincoln Asylum the greatest attention to personal cleanliness. Warm bath on admission: afterwards once in three weeks, and oftener if necessary: feet washed and heads dry-cleaned once a week, and hands and faces daily;—bed linen once in three weeks; ventilation, &c.

Extracts from the proceedings of this asylum, 1830, Nov. 29. List shoes ordered for any patient, injuring with his feet.

1832. Dr. Charlesworth, senior physician, suggested quarter boots (of ticking), with rings to the soles, as a night restraint to those requiring them, instead of hobblers. 1833. Mr. Bakewell, of Springvale, has suggested instead of the stomach-pump or speculum, a troublesome, and sometimes dangerous method, a tin vessel so contrived that the patient, in the mere act of breathing, without having the teeth forced open, cannot resist the introduction of fluid nutriment. Physician recommends

for patients tearing blankets, that these should be enclosed within strong Russia sheeting, quilted. 1834. In the tenth annual report, abolish use of fermented liquors, as more mischievous than the good is worth derived from the temporary tone produced.

T R É L A T .

RECHERCHES HISTORIQUES SUR LA FOLIE. Par Ulysse Prélat, Docteur en Médecin, Ancien Interne de la Maison des Aliénés de Charenton. 1839.

HIPPOCRATES advises in melancholy, a tranquil, regular life, the absence of all excess, sobriety, a vegetable diet, the use of food very little seasoned, continence, avoidance of the sun, and bleeding.

Soranus (A. D. 95), whose writings are recognised as those of Cælius Aurelianus, his translator, says it is useless to examine into causes; as different causes may produce analogous effects; it is only necessary to know the results, in order to apply suitable remedies. He had a great aversion to violent medicines, as emetics and purgatives; he everywhere manifests the fear lest inflammation should be augmented by the strength of the remedy. He advises frequent exercise, warm fomentations, oily anointings, cataplasms, fumigations, frictions, diet, baths, leeches, and cuppings; he recommends great attention to the character of the air, whether moist or dry, &c., and rejects all empirical medication, and all superstitious formulas. The maniacal should be placed in a situation moderately light, of a moderate temperature, and whose tranquillity should be uninterrupted by any noise. No painting should ornament the walls of their habitation: the air should come in by elevated openings. They should be placed on the ground floor rather than on the upper story, as most of them are disposed, in their paroxysms, to cast themselves down. Their beds should be solidly fixed, and so disposed that the patients may not see persons entering, nor be irritated by a variety of figures. If they are so agitated, that it is not possible to give them anything to lie down on but straw, this should be well selected, prepared, and stripped of everything hard, in order that it may be mild, and not disagreeable to the touch. If some part of the body has suffered from the movements of the patient, warm applications are called for: fomentations of oil mixed with a light decoction of fenugrec, or mallows, or flaxseed. Frequent passings in and out should be interdicted. Those having their management should always let them see that their faults have been recognised, and use sometimes an intentional indulgence, and sometimes a slightly severe reprimand, with an explanation of the advantages occurring from a better course of conduct. If agitated, difficult to restrain, or irritated by solitude, it is necessary to have a certain number of supervisors, and order them to make themselves masters of the patients without their perceiving it; approaching as if to make frictions, in order never to provoke them. If the sight of men irritates them, and only in very rare cases, we should employ ligatures, but with the greatest precaution, without any hurt, and seeing that the bonds are of a soft and delicate texture; for the means of repression employed without discretion, augment, and even create fury instead of lulling it. If they have fear and respect for any one person, they should not see him often;

frequent visits compromise such an ascendancy. But when they resist the wishes of those around them, it is necessary to recur to his authority. If light excites them, their eyes must be deprived of it, though not the rest of the body. Abstinence is suitable at first, and recourse to bleeding if the strength permits. If no contra-indication, it should be repeated from time to time. One of the best means of appreciating the degree of the strength, is drawn from the state of the pulse; we must observe, then, whether it is strong or feeble. We should not commence giving food but with the greatest precautions, and not permit any except very light, slender, and easy of digestion, as light pottage of the meal of spelt, and such like articles. The patient must be thus nourished during the decline of the affection. Injections must not be neglected, if the evacuations are not regular; in a great number of cases, the belly should be covered with emollient cataplasms, which descend to the pubis, in order that no organ may suffer any pain; which the head also would reciprocate. We should observe with great care the form of the delirium, and have recourse to the salutary influence of moral impressions, gay ideas, and those things causing some relaxation of mind. If the disease remains stationary, the head ought to be shaved. (The ancients made frequent use of this, sometimes as a therapeutic agent, and at others for direct applications to the head.) Scarifying cups should be applied in turn to the breast and between the shoulders, as connected with the head. But these applications ought not to be too near the head, nor too largely made, as calling the blood in this quarter, &c. Leeches may then be placed on the forehead or the temples, taking care to favour the flow of blood by cataplasms of bread or some other emollient substance, or sponges dipped in warm water. If the symptoms persist, the same means must be used the second or third day, and as often as necessary. If the parts covered by the cups and the leech bites are painful, they should be moistened either with oil, with a decoction of mallows, &c. If the disease arose from fatiguing overwatchings, it is necessary to have recourse to gestation upon a bed suspended, or upon a chair carried along, or even upon enlaced hands. We may also employ the noise from the continual fall of a small current of water from a certain height. The applications of warm sponges upon the eyelids is also used. When the paroxysm declines, it is necessary to give them more varied aliments, moderately strengthening: when they have regained their strength, making them take exercise is especially beneficial. They must also exercise the voice: they are made to read writings containing some faults, and which offer at the same time the advantage of exercising the mind in the correction of imperfections in style. These writings should be of easy comprehension. We should converse with them, making many questions, without, however, fatiguing them. We should have recourse, after reading, to theatrical performances, the recreation from which will diminish a sadness ready to awaken, or frivolous fears ready to reveal themselves. At a more advanced epoch of the treatment we should occupy the patients with more weighty meditations and discussions, in order to give their mind its full capacity, but with the precaution that the commencement of the subjects treated of should be without warmth, that the narration, on the contrary, and the demonstration, should be clear and complete, should solicit an animated utterance, and that the epilogue should be brief and careless. His hearers should give him their benevolent approbation. After this exercise, they should prom-

enade or have their bodies rubbed. As to the unlettered, we should discuss with them matters only relative to their condition. We should speak to the labourer concerning agriculture; to the mariner, as to navigation. If we have to act with a man ignorant of everything, we should present to him very general subjects or a series of numbers. We are able, in truth, to find suitable nourishment for all sorts of minds; but, above all, we should agreeably flatter him whom we are treating. The anointings and frictions which have been recommended, should be made at first upon the shoulders and on the neck, commencing lightly, then more strongly; afterwards on the head; after which a bath. The nourishment should become more and more substantial. After legumes, herbs, then fish, the brains of different animals—an easily digested aliment—then little birds. The larger kind later, as thrushes and young pigeons, and we should be even more reserved as to the hare and the roebuck. We should grant a little weak and light wine, at first every five days, then four, three, two, even until we can give it every day. When no new symptom occurs, and the patient has become much less impressible, change of air will be of great advantage. Voyages by sea and land, *distractions* of all sorts, recreations of the mind, agreeable, affectionate conversations, will produce an excellent effect; for if ennui and sad feelings act on the sane, how much will they influence the scarcely cured! We may permit the convalescent, should he desire it, to go to hear the precepts of the philosophers. They often dissipate sadness, fear, and excitement, and may also contribute powerfully to the re-establishment of health. If the malady really persists, and not merely some of its symptoms, a return is counselled to the previously mentioned means, to exposure of the body to the heat of the sun, the head being only free from its action, to sinapisms, and to violent exercises of different kinds. Soranus combats the counsels of many of his predecessors—their recommendation of darkness in all cases, because it may suit one and not another; their recommendation of an immoderate abstinence without exception, because this may sometimes throw the patient into a fatal feebleness, and prevent the use of means otherwise suitable. They seem, says he, to consider their patients as ferocious beasts, to be lulled by hunger and thirst; and led by the same error, they wish to cruelly chain them, not considering that it is more convenient and easy to restrain them by the hands of men than by the often useless weight of iron. They even go so far as to counsel corporeal violence and the lash: a deplorable treatment, which can but aggravate their condition, make bloody their limbs, and offer the sad spectacle of their misfortune at the moment in which they regain their intelligence. By medicaments, as the poppy, they provoke a morbid torpor instead of good sleep. They rub the head with the oil of roses, &c., and excite the organs needing relaxation. They make a use little judicious of cold, ignorant that it is often excitant. They employ irritant elysters, and thus produce dysenteries. They counsel drunkenness and love, which are causes; and music generally, when it sometimes excites. It is difficult to say whether the generative act should be permitted to the insane: the repression of their desires sometimes agitates them, but they are oftener found to be worse after the venereal act. The treatment of melancholy has been indicated in what has been said of mania.

Galen interdicts the use of wine to epileptics and maniacs. In cerebral maladies, after insisting upon the advantages of sanguineous emis-

sions, when the blood goes too largely to the head and produces delirium, he counsels the use of revulsive applications to the inferior extremities. These had been condemned by more ancient physicians, who thought it strange to place medicaments on undiseased organs. The physicians who followed Galen did but copy his works and those of his predecessors.

The only reasonable counsel that we find in the work of Alexander of Tralles (A. D. 560) is, that we should inquire, on seeing a patient, if some habitual flow, as the hemorrhoidal, is not suppressed; if a female, the menstrual. He counsels also, as his predecessors, the study of the character of the delusion, from conversing with the patient, and sometimes to approve of his ideas, in order the better to dissipate them. He relates the anecdote of the patient cured by Philodotus with the leaden nat, and of the female, in whose dejections a reptile was placed. His work is mostly composed of ridiculous receipts relative to the excrements of animals, &c.

Paul Egineta recommends in melancholy (A. D. 630) a tranquil place, baths, and recreations of the mind, as primary conditions in the treatment. Diuretics, and, in some particular cases, purgatives, acting upon different parts of the intestinal canal, medicines proper to recall the menses and hemorrhoids, cups dry and scarifying, sinapisms, depilatory applications upon the back and abdomen, exciting epithems shifted to different parts of the body, and always followed by the application of wool, should be employed. Only an aqueous nourishment should be permitted, and consequently the flesh of animals must be shunned, especially that of the ox, stag, or hind, and equally lentils, cabbage, snails, and dark and thick wines. Lycanthropy requires the same treatment nearly as melancholy. Bleeding even to fainting, the use of whey, and baths of fresh water, are often especially indicated: to procure the return of sleep, suitable affusions are used, silence, darkness, and opiated ointments to the nostrils, at the moment that sleep commences. Maniacs with slight modifications should be treated as the melancholy. It is frequently useful to apply leeches to the head, and to make vinegared affusions on the part. We should always use mildness, and no violence; and we ought to mask as much as possible the disagreeable taste of substances given them. Above all, it is necessary to restrain them with great care: thus they should be laid upon a small couch suspended in the interior of a bedstead expressly constructed for them.

Avicenna counselled bleeding above everything, and at all times: he praises also the see-saw. Rhazes advises chess as a means of treatment.

Humoral pathology now came in, and *Jacob Sylvius* did but travesty the doctrines involved here (1480). He says we must narrowly watch melancholics on approaching them, as many of them, apparently reasonable, will suddenly strike physicians and their attendants. It is necessary to mark their caprices. Some should be scolded and others beaten or bound; all should be constantly surrounded by strong assistants. Writers but followed Galen.

Sylvius Deleboë (in the dawn of the Baconian method, 1620) says that he has cured a great many mental diseases, and that moral impressions and reasoning are superior to medicaments. In stupidity (dementia), the exercise of the mind, and the action of surrounding objects on the senses, are useful. He used humoral treatment.

Plater mentions a female who loved her husband, and yet felt the desire to kill him when asleep. He says the demon tempts men in this

manner, and that he cured her by the aid of God, opening a vein many times, and making salutary exhortations. He gives a second example of homicidal insanity, in a mother, who experienced great temptation, during pregnancy, to kill her child, and later when she suckled. She wished to destroy herself: she had already experienced the same desires in a preceding pregnancy. Plater cured her by bleedings, vomitings, and purgations. He speaks frequently of prisons and chains for the insane. He reports one who had been shut up forty years in a dirty and dark prison, surrounded by means of violence, and who ceased to be agitated, and regained a part of his reason when free. He repeats a great number of observations of maniacs cured by bleeding repeated twenty, or even sixty times, either in the arm or the foot, without choice.

Sennertius exhibits the spirit of the age, in the combination of feebleness and reason by which he is characterized. In mania the patient is audacious, &c. ; it is necessary, says he, sometimes to place him in irons. Great advantage is to be drawn from bleeding. If the hemorrhoids or menses are suppressed, this should be employed. It is very useful also to apply leeches to the temples, the ears, the anus, after which we should attempt to bring on sleep. Wine should be proscribed, but some attention should be placed upon the fact of its habitual use, as being then particularly pleasurable.

Sydenham (1650) restricts himself in the treatment of maniacs to bleeding and purgatives.

Highmore says the principal means of treatment are bleeding, slightly active purgatives—for drastics are hurtful—refreshing drinks, low diet, abstinence from all exciting preparations, and from all serious occupation, especially labour in the evening. After these, preparations of iron, and vitriolic drinks.

Theophilus Bonet (1660) united the observations of all his contemporaries. Borrichius says it is necessary to have prudence and moderation with respect to the melancholy, and that they should be treated mildly and with gentleness. Those having recourse to rudeness and violence, often provoke paroxysms of mania. When the ardour of serious studies had produced many melancholics at Rome, Panarolus judged it suitable to treat them by words of hope and kindness, rather than by medicines. He was very successful. A young melancholic female caused four or five others to become so, because she staid with them; they were cured with great facility, by being taken from this common life. He reports the history of a maniac cured by the transfusion of blood.

Baglivi counsels strict attention in cerebral affections to the digestive organs. He recommends discernment in the use of medical means, and the endeavour, according to the necessity, to recur to the influence of moral impressions, gay, mild, or lively, as the particular case demands. He praises the bath of surprise frequently repeated, in mania and dementia. Experience is far from confirming the advantages of this means, from which Robertson has obtained such great success in England. He advises frequent baths, low diet, moderate exercise, and in the decline of the malady, travels in a foreign country, the chase in agreeable spots, upon the seashore, a prolonged sojourn in the country, and riding on horseback. We are able to draw a good effect from music, and from dancing, and from all the diversions proper to charm the grieved spirit, and substitute agreeable impressions for those which habitually beset it.

Labourers should fly their peculiar mode of living, and be inactive. In the acute stage of all maladies of the understanding, bleeding suits perfectly: vesicatories, on the contrary, increase the evil. If applied during the fever when there is dryness of the tongue, indicative of irritation in the digestive organs, they aggravate this, and sometimes cause the patient to die in convulsions. They, on the other hand, oftener produce good effects, if a vein in the forehead or arm is opened, and when the patients are given diluting drinks.

Morgagni combats the precept of Celsus, respecting violence and blows to the insane, and praises Valsalva, whom he had seen, in the midst of this sort of patients, to recommend not restraining them but on indispensable occasions, and then with the greatest precautions, placing between their bonds and their bodies soft and thick linen. He adds that Valsalva employed but a small number of medicines, and these the most simple. Travels under a sensible physician, baths, and time alone, are sometimes the best therapeutic agents.

Lieutenant, a few years after Morgagni, in his "*Synopsis of Practical Medicine*," observes that the abuse of medical means often does the greatest harm. Bleeding, diluents, simple water in large quantity, asses' milk, that of the goat, cold mineral waters, baths, refrigerant applications, compose the agents most generally applicable. But, above all therapeutic agents in importance, is a suitable and regular manner of living. Alimentary regimen and *distractions* exercise great power over these maladies. Narrations, walking, riding, shortly after the hour of repast, favour the digestive action. In acute mania, sanguineous emissions from the arm, the foot, or the head. Arteriotomy, very much used amongst the ancients, abandoned by us, has, however, produced more than once prompt and salutary results in mania. Leeches to the forehead and the fundament may be also usefully employed. They ought not to be neglected in recalling the menstrual and hemorrhoidal flow. Preparations of opium and narcotics in general produce rarely a good effect, and commonly exasperate the malady: sedatives of another sort are preferable, such as the flowers of nymphaea and violets. Good effects may be drawn from camphor. Sugar of lead ought to be prescribed. He has no more faith in the hellebore of the ancients than in ours—which is a different plant. Cold baths, sprinkling the head, and half-baths may be useful. Baths of surprise, principally in the sea, castration, the trepan, and cauterizing the occiput with a red-hot iron, have been praised. We have seen mania yield to terror, after a crowd of ineffectual means: its application is very difficult, but is not always impossible.

The importance of the noble efforts of Cullen, and the immense influence which they have exercised on our age, force us to give some attention to his principal ideas, &c., &c. He says, amongst physical agents, bleeding is a very powerful means, &c., &c. Cullen is the first modern physician who has clearly advised the preservation to the insane of the greatest possible liberty, and we cannot doubt but that the wise reflections of the Scotch physician, considered and translated by Pinel, exercised a great and happy influence on the philanthropic efforts of the latter.

CAZAUVIEILH.

DU SUICIDE DE L'ALIÉNATION MENTALE, &c. Par J. B. Cazauvieilh, Docteur en Médecine, Médecin à l'Hospice de Liancourt Oise, &c.

MANY of these individuals have pains and heats of the head, redness of the face, dimness of sight, &c. The state of cerebral congestion and irritation thus exhibited, plainly indicates sanguineous evacuations. And these are especially suitable to the strong and robust men of the country. Bleeding often called for by men who, without being affected with suicidal monomania, feel a confusion and vagueness in their ideas, and a notable change in their habitudes and affections; the more effectual if they place their confidence in it. Often bleeding would have been advantageous to those weary of life, who have no medical succour. Local bleedings after the general evacuation of all the vessels produce happy effects, when applied to the pained parts. Vomits and purgatives in certain states of disorder of the digestive organs. With means indicated, especially when abdominal viscera suffer, modified method of Avenbrugger may be advantageously used. Will succeed principally with men who are, as most suicides, immoderately given to strong liquors: applying also a large vesicatory, a deep cautery, or making repeated frictions with croton oil on the epigastrium, to the nucha, or upon other more painful points. General baths and a nourishment modified according to constitution of individual will second this medication. After employing all these therapeutic means, should we counsel, as other authors who have written as to inhabitants of the cities, exercise of the body, manual labours, the chase, and agriculture? These means, conducted with intelligence, are often crowned with success with such patients, because the fatigue from them makes a useful derivation to other organs, at the expense of the suffering one, calms the nervous system, and excites beneficial repose. In country, on contrary, see men quit labour, to destroy themselves. This attributes to being thrown upon themselves, as it were, having no objects to attract their attention. Moral treatment consists in never exercising the patients in the sense of their delirium, in exciting new impressions, and awakening moral feelings. A great fault, to combat by menacing words the susceptibility, irritability, and restlessness of these individuals. Severity, far from calming them, excites them to destroy themselves. Music has been considered as a means of treatment. Only precious means to combat mental alienation and prevent suicide, is *isolation*.

With respect to last observation, M. Étoc-Demazy also observes, in his work on suicide (1844), that these persons ought to be promptly separated from society, and placed in asylums for the treatment of mental alienation, in places where every precaution is taken to prevent them from executing their design of self-destruction.

ABSTRACT OF THE PRACTICE OF M. ESQUIROL FROM THE MEDICO-CHIRURGICAL REVIEW.—The nature of the error ought to be investigated and the character of the lunatic should be considered. To contradict the delusion,

is, to the madman, what the obstinate contravention of a proposition is to sane. One we must encourage ; another we must check ; this person we engage by kindness ; that we subdue by resolution ; all we lead by hope. Has rarely seen cases cured by music ; yet it calms and composes : has seen it produce fury in two cases, one in which madman swore the notes were false, and another incensed that any one should amuse themselves so near one so wretched as himself. Rather against the theatre. On the whole, speaks favourably of travelling. Insane, especially melancholics, to be warmly clad ; frictions of the skin and use of flannel serviceable. Bedclothes not to be too cumbrous, and head to be bare. Speaks in high terms of gardening and farming. At the Salpêtrière females engaged in the most systematic manner ; in a large room some sewing, others knitting. Some perform necessary domestic offices, others cultivate the garden. Reprobrates empirical treatment, that is, any one mode ; cause to be sought, and its removal attempted ; and treatment to be also regulated by existing symptoms. If excitement and plethora, antiphlogistic treatment and regimen. Almost always at expiration of 8, 15, 21, or 30 days, an intermission or remission, and then, with appropriate moral management, particular indications to be investigated and acted on. Thus, the patient being long subject to hemorrhoidal discharges which have ceased to flow, physician re-establishes or endeavours to re-establish them : an ulcer has healed prior to monomania ; must, if possible, be reopened : from such remarks Reviewer considers M. Esquirol a decided Hippocratist. Water been applied in all varieties of manner. He thinks tepid baths at 20° or 25°. Centigrade the most useful. May be prolonged for several hours in thin, nervous, and irritable subjects. If much determination of blood to head, bladders filled with cold water may be applied to it, at the time that the rest of the patient's body is immersed. Cold bath adapted for young and robust subjects who suffer with heat. Of the warm bath he speaks hesitatingly ; does not appear to have had much experience with it. Plunging bath and cold affusion of service to patients who are enfeebled, particularly by secret vice, or long-continued mental annoyances. Bath of surprise he has never made use of, and is acquainted with fatal results from it ; thinks it irrational. Douche mainly useful in young and strong, afflicted with cephalalgia. Never to be intrusted to servants, nor administered shortly after a meal, nor continued for more than a few minutes. *Præputia* to be cleared out prior to its use. Not totally exempt from hazard. Ice to head calms cephalalgia and furor, especially at commencement of attack, and when combined with immersion of feet in hot water, or in a mustard poultice. Pediluvia of service : may be composed of hot water with salt, sal ammoniac, mustard, &c. Water not to be too hot at first, for then, by a sort of shock, reacts on cerebrum ; to be made gradually hotter after immersion of feet in it. Lavements, douche by rectum, and copious potations of cold water by mouth, been recommended and employed. Seems to speak seriously of the benefits of drinking cold water freely, in cases with a tendency to suicide. Responds to the general opinion in favour of emetics ; but does not think evacuations adapted to all cases. The purgative should be adapted to the case. When patients refuse medicine, saying their health is good, a good plan to give them secretly some substance disordering their stomach and bowels, and thus impress them that they need medicine. Strongly reprobates the abuse of bleeding : yet moderate bleeding is occasionally both ra-

tional and serviceable, and local abstraction by leeches or cupping is, in cases of cerebral determination, of undoubted benefit. Tonics and antispasmodics of great use in cases in which particularly indicated. Reprobates narcotics. Counter-irritation not serviceable in the majority of cases, in which it only torments. Respecting electricity and galvanism, has only seen benefit from former in two cases. Circular swing universally abandoned.

H O O P E R.

LEXICON MEDICUM, &c. By Robert Hooper, M.D., F.L.S. American Edition. 1839.

Articles—*Mania and Melancholia.*

TREATMENT partly corporeal, partly mental. Leading indication under first head, to diminish vascular or nervous excitement when excessive, as in mania; to increase them when defective, as in melancholia. At same time guarding against several exciting causes, and removing any obvious fault in constitution or particular parts, by which brain may be sympathetically affected. Among most powerful means of lessening excitement is the abstraction of blood, which freely practised, been often an effectual remedy in recent cases and robust habits; but repeated small bleedings rather likely to confirm disease. Purging much more extensively applicable: where strength will admit, may be useful to make very large evacuations in this way; and in all cases regular discharges from bowels to be procured. Calomel mostly proper, but other cathartics also usually required. Cold to head materially serviceable under increased excitement, and some have advised it to the body generally: at any rate, accumulation of heat to be avoided, and antiphlogistic regimen observed steadily. Emetics have sometimes had a good effect, especially as influencing the mind; but to diminish excitement and induce diaphoresis, nauseating doses generally better; occasionally operation may be promoted by tepid bath; even hot bath been found useful, producing relaxation, and rendering patient more tractable. Digitalis may be employed with advantage, pushed till some obvious effect on circulation. Narcotics, particularly opium, been much used; certainly not indiscriminately proper; whenever resorted to, dose to be large, and if no mitigation, disused. Blisters not to be neglected where indicated. In the melancholic, a more generous diet, nutritious and easy of digestion, with a moderate quantity of some fermented liquor, and tonics, or even stimulants, especially ammonia, for flatulency and acidity. Cold bath questionable here, though it may occasionally arrest a paroxysm of mania. Regular exercise may contribute materially to improve health, and even hard labour been signally useful in convalescence, particularly to those accustomed to it. If from stoppage of any evacuation, or metastasis, or connected with scrofulous or syphilitic taint, remedies for these: in some instances trepanning has removed local irritation. Inspire awe as of a superior power, simultaneously seeking to gain their confidence and affection by kindness. Some restraint necessary for their own security and that of others. When they refuse food, medicine, or anything abso-

lutely necessary, coercion proper, or caprices may be overcome by stratagem, or exciting uneasy sensations by the swing, whirling chair, &c. Minds to be occupied by some regular and agreeable train of thought, cheerful music, poetry, narrative, elementary geometry, &c., according to previous habits. Amusements, with as little appearance of design as possible.

DR. BELL, of the McLean Asylum, says, when a case is losing its acute character, or is brought under control by active anodyne measures, now habitually employed in all the New-England hospitals, their employment accomplishes, in conjunction with other moral means of fulfilling the great principle of cure, the keeping the sufferer's mind so full of other subjects, that it has no opportunity to rest on its morbid fancies, the desired result. Where a mad patient commences working, he will soon be well.

MORISON.

THE PHYSIOGNOMY OF MENTAL DISEASES. By Sir Alexander Morison, M.D., Physician of Bethlem Hospital, the Surrey Asylum, &c. 1840.

I. MANIA. *Case*.—Low spirits some months; cause unascertained; *æt.* 21; became maniacal. Gayety and satisfaction; almost continually laughing or singing; conversation quite incoherent during nine months. Remedies those generally used, with leeches to head; blister to back of neck; small doses of tartarized antimony; the douche. A servant. Restored. *Case*.—Puerperal; *æt.* 33; predisposition not hereditary; three days after birth of first child. Eight weeks after the commencement, face pale; eyes and mouth shut; at times very silent; at others noisy and screams; attempted to jump out of a window; disposed to tear her clothes; frequently drops on her knees; conversation incoherent; sometimes says she is strange, and shall destroy her child, and cut her own throat. Restraint necessary occasionally, to prevent her from tearing her clothes. Gentle laxatives; nourishing diet; fresh air and exercise effected some improvement. Premature communication with friends prejudicial; more violent, conversation more incoherent, and spat at those around her. Restored in nine months. Blister to nape of neck kept up by savine ointment, expedited recovery, which was completed by use of sulphate of quinine. *Case*.—Puerperal; *æt.* 20; ten days after birth of second child, whom she suckled several days. Face flushed; eyes of a wild, glittering appearance; wandering rapidly from one object to another; became very restless; tore her clothes; threw herself on the floor; knocked down the nurse, and required restraint; conversation incoherent; talked of having thousands of children; not hereditary. Head shaved; mild laxatives; warm bath, with the cold douche about twenty times, seemed very beneficial in her recovery. Stupidity approaching dementia succeeded the violent stage, and she gradually recovered in six months from the commencement. In puerperal insanity, attention to mammae, lochia, and degree of exhaustion; keeping in view

general principles of treatment of insanity. As restraint, here recommended long stockings with a bandage, fixing the legs together. Seeing the child advantageous in some cases.

Where there is inflammation, or congestion, or passive fulness of the vessels of the brain in *mania*, abstraction of blood locally or generally may be necessary. Caution here always proper; finds in the hospitals to which he is attached, that excessive bloodletting protracts the cure, and sometimes induces dementia. It is a good rule not to use general bleeding, unless the symptoms of inflammation or congestion are such as would call for it without reference to the mental symptoms. Shaving the head often useful, by lessening the heat. Cold in various forms, blisters, issues, all indicated more or less in different cases; and other evacuations by which tendency of the determination of blood to the head is diminished. To remove depositions of serum, thickening, &c., certain remedies supposed to excite absorption, been employed, as mercury, diuretics, and local stimulants and drains. Where abdominal irritation exists, causing unusual sensations and erroneous ideas of their cause, remedies acting on stomach and bowels, and they, especially purgatives, are of extensive utility. When connected with the genital organs, as in females, from menstrual irregularities, states of pregnancy, child-bearing, suckling, and weaning,—in males, excessive venery and secret vice, the medical treatment corresponding to the indications must be employed: hence the benefit, in some cases, from the re-establishment of the menstrual or hemorrhoidal discharge, or the removal of debility. Irregular distributions of the nervous fluid, producing increase of general sensibility and muscular irritability, giving rise to painful and unusual sensations, and the cause of the so common sudden delusions, and violent and irregular movements: call for soothing properties of warm bath, different narcotics, as opium and its preparations, hyoscyamus, camphor, &c.; and nourishing diet, fresh air, exercise, and tonics. In furious madness, seclusion and medical treatment alone, with restraints gently applied (mitts of leather generally used); and in chronic dementia and idiocy, safe custody and kind treatment. Where mental treatment is applicable, the leading indication is, to remove delusions and excite attention, by withdrawing it from favourite, but hurtful objects of thought. Hence recourse to occupations of body and mind; amusements, walking, riding, travelling; and when not too exciting, music, drawing, reading, &c. In general, a daily round of easy occupation, adapted both to the former habits and present state of the patient. Must study the leading mental cause, or subject of delusion, and act accordingly. Classification: Exciting agreeable emotions, as hope and religious consolations, sometimes useful. Also shame and fear; but the physician should not cause this himself, lest confidence in him be lost. To excite this, rotatory machine and douche have been sometimes used with advantage. A few cases on record, in which dextrously humouring delusions, tried successfully; but they are so rare, that little dependence is to be placed in such treatment. The case of each one must, however, be studied, and the indication attended to, acquiring such a knowledge of his mind, as to be able to control and regulate its operations.

In some asylums, a soft, circular pad is made use of, surrounding the head of epileptic patients, to prevent injury from falls. To be watched when increased agitation and restlessness, flushed face, and increased

action of carotids and temporal arteries; to prevent injury from falls, in fits thus indicated.

11. *Monomania*. *Case*.—*Monomania* with general paralysis. *Æt.* 37. Lawyer. For four months; his memory much impaired; infirm of purpose, and easily made to give up any object on which he was bent; slight hesitation in speech, but walked with tolerable firmness. Said that he had been inventing machinery which would astonish the world; that he was worth many thousand pounds, though he was worth nothing. Purchased a number of things of which he had no need, and could not pay for; hired carriages, and threw away the little money which he had. In four months, by purgatives, and by local detraction of blood from the head, symptoms were entirely subdued. Been well, and at his business a year. The only case cured by him. In this variety, as in acute or chronic inflammation generally, remedies proper for this state; such as shaved head, purgatives, local detraction of blood from the head, cold applications, counter-irritation by setons, blisters, &c. Guard against suffocation from weak muscles of the throat, costive bowels, retention of urine, and sphincters losing power, discharges. In one case, a female, there being ideas of grandeur, with attempts at suicide, and loss of speech, blisters retarded the disease, and speech was restored. *Case*.—*Monomania* with general paralysis. Butler, *at.* 50; very sober: used to rave and stamp with his feet, saying he would be ruined; spoke with hesitation, but could walk pretty well; no recollection of anything, scarcely; would cry like a child. Treated nine months with purgatives, bleeding, and cupping; leeches to shaved head, two blisters to nape of his neck, and a seton in it. No benefit; and paralysis and dementia gradually increased. *Case*.—*Monomania* with general paralysis. Gardener, *at.* 38; from the misconduct of his daughter, melancholy for two weeks; then became elated, with high notions; said he was king in a golden palace, with a million of money. Memory much impaired; speech slightly impaired; talkative; walked tolerably well. Embarrassment of speech increased; memory nearly abolished; and though his appetite was good, he became rapidly thinner. Head had been shaved, leeches applied three times, and moderate purging. Nothing could stop the rapid progress of the disorder.

Monomania with Love.—If erotomania be accompanied with hysterical symptoms and obstructed catamenia, attend to these as important. If local irritation, removal of cause: thus by the excision of a large portion of enlarged nymphæ, *artificially* produced, giving rise to nymphomania, it was completely cured. Seclusion. Change of scene. Cold bath. Shower bath. Douche. Cold applications in region of uterus, all been employed with advantage. Camphor in large doses been found of service.

Case.—*Erotomania*. *Æt.* 25; a domestic servant; disease first maniacal; soon limited to amatory ideas, and directed to the clergyman of the parish. Was very affectionate in manner and disposed to kiss, but never transgressed bounds of decency in language; face flushed; eyes brilliant. Recovered in six months. Laxatives; tartarized antimony; hyoscyamus, bark, and camphor. *Case*.—*Erotomania*. *Æt.* 22; single; a governess; insanity hereditary; naturally chaste and modest; catamenia obstructed for six months; became insane; insanity religious in character; thought herself the Virgin Mary, &c.; cured after a year, and well two and a half years. Second attack—two months; expressed

love for clergyman; eyes red and brilliant; face flushed and ideas amatory; expresses a wish to be kissed; talks of being pregnant with something holy, and of marriage; but does not farther transgress the bounds of decency in looks or discourse. Cured in five months. Head shaved; leeches several times to it; small doses of tartarized antimony; morphine; camphor; the douche; shower bath. Expressed great relief from cold douche to back of head.

Monomania with Fear.—Particular attention to soothe and encourage the patient necessary. Warm bath, anodynes, tonics, frequently beneficial.

Case 1st.—Married; æt. 40; thinks she sees persons who are dead, which terrifies her; afraid of injuring her husband; made a hesitating attempt to commit suicide. Recovered in eighteen months. Laxatives; warm bath; shower bath; employed with advantage. *Case 2d.*—Æt. 38; afraid she is to be murdered; sees white-faced men in the night, who terrify her; afraid of having done wrong; slight attempt at suicide by a scratch on the neck. Improvement from hyoseyanus, camphor, ammonia, warm bath, and tonics, but not permanent; excessive fear returned, and remains uncured; generally worse at the period of menstruation. *Case 3d.*—Married; æt. 37; mania from over exertion; in this state for three months. Then became full of insane fear; terrified at everything, and made some attempts at suicide. Laxatives, anodynes, tonics. Recovered in 12 months. *Case 4th.*—Married; æt. 40; full of fears on many subjects; that she is changed to another person; that her husband is coming to harm; that she cannot get a livelihood; that she is past all hope of salvation. Very noisy and restless, disturbing all around her; sometimes ceases her cries for a moment to listen to what is said; and at times appears to wish to speak, and stops short, saying nothing. Caused by the death of her sister. Cupping, blisters, anodynes, tonics, &c., without effect. Numerous boils had no effect.

Monomania with Grief.—Moderate loss of blood has been in some cases required, but purgatives with sedatives more generally useful. Warm bath prolonged, and douche, frequently beneficial. Counter-irritation and discharge produced by blisters, pustules, and issues, attended with advantage. Strengthening remedies are sometimes required; more particularly where there is reason to suppose debility and relaxation, as Esquirol and others state is the case with the intestines, and particularly colon. Moral management to be grounded on knowledge of the patient's disposition; besides proper attention to regimen, air, exercise, occupation, warm clothing, and change of scene, when attainable; pains must be taken to encourage the patient's hopes, and to inspire religious consolation. Refusal of food, if not obviated by attention to the digestive organs, and less compulsory means, to be overcome by the stomach-pump. Vigilance, when there is attempt at suicide.

Case.—Æt. 20; single; caused by too intense study of religious subjects; erroneous ideas on them; never speaks; always in one place with her eyes on the ground, and eyelids half closed; refuses food, and has taken laudanum to destroy herself; also thrown herself down stairs, and attempted hanging. Purgatives, douche, blisters; recovery not despaired of.

Religious Monomania.—Remedies similar to those in other varieties; medical means should be suited to the indications, and moral means, appropriate to the predominating emotion; not omitting religious consola-

tion, though it is too often refused. Refusal of food has been overcome by affusion of cold water.

Case.—*Demonomania*; seldom cured. *Æt.* 21; caused by fright from religious despondency. Conceived that five or six devils entered into her, and caused her to renounce the Lord; that she was possessed by Satan, and was the devil. Would stand for hours together looking at her nails; occasionally objected to take her food, and disposed to put an end to herself. By laxatives, the douche, affusion of cold water on her head while in the warm bath, she was completely restored at the end of ten months. *Case.*—*Religious insane fear*; *æt.* 35; deserted by her husband; being naturally timid, is persuaded that she is condemned to eternal flames; continually saying words to that purpose: "O dear! O dear! how shall I bear it!" Warm bath, douche, and other usual remedies of no avail. *Case.*—*Religious insane grief*. *Æt.* 55; married, and a large family; began with causeless low spirits; complained of a fixed pain in one spot on the crown of her head, and of strong pulsation in the abdominal aorta. Urgent to be put to death, because the devil is alive within her; that the Lord comes every night to tell her so. Some alleviation from leeches to the pained part of her head. In monomania, with a propensity to homicide, remedies should not differ from those used in insanity in general. Local blood-letting, blisters, antimonials, laxatives, and baths of different kinds, may be employed with advantage.

Monomania with unnatural propensity.—Treatment differs but little from that in other cases. Camphor in large doses been employed with advantage.

Case.—*Æt.* 37; a widower; father of a family; of studious and abstemious habits. Propensity so strong, as even no restraint in the company of many, and had to be kept in his room. When at home, attempted to cut his throat. Purgatives, an emetic, blister to nape of neck, cold bath, and camphor, gr. viij., thrice daily for some weeks. Cured in a year from commencement of disease.

Acute Dementia.—Abstraction of blood and other debilitating remedies, in general to be avoided; more benefit in general from moderate and steady employment of laxatives, with nourishing diet and strengthening remedies, free access to the open air, and moderate exercise. Restoration of suppressed discharges or eruptions to be sought. Blisters and other means of counter-irritation and warm bathing, especially with the cold douche, been found useful. A course of mercury has been of service in relieving pressure on the brain, causing torpor of mind. In managing the douche, use great caution: to be avoided if there are signs of pressure, or epilepsy, or palsy, or disease of the lungs or heart; or when the stomach is full. The bath not to be over 90° F. Ought to remain in it a few minutes before the stream of cold water is applied to the head: this stream is quite large enough when half an inch in diameter: should seldom exceed from three to four minutes in its application. Some women, who in general bear it better than men, could have borne it longer. Can be borne longer on the back part of the head than on the top of the forehead. To be suspended when respiration is much affected. On the first application, I seldom exceed one minute; and make it a rule always to be present during its administration.

Case 1st.—*Æt.* 27; single; been an attendant upon an insane lady, disorder then commenced; first symptoms, incoherence of discourse and actions; this was succeeded by stupidity and silence; would sit all day

with her hands on her knees, her head bent forward, and mouth open ; made no reply when spoken to, and did not appear to comprehend what was said. Six months in this state. Remedies : laxatives, nourishing diet, and twelve applications of the cold douche, whilst in the warm bath. In a few months, became lively and intelligent ; employed herself in sewing, and other domestic occupations ; and in half a year was quite restored to health, both of body and mind.

Case 2d.—A painter, æt. 25 ; from intemperance ; began with incoherence in speech and action ; soon after, in a state of apparent idiocy ; fell down when placed on his feet ; did not appear to comprehend the simplest question ; eyes vacant ; regard unsteady ; looked as if astonished ; disposed to be obstinate ; rather mischievous, but easily restrained. Treated seven months, and restored. A course of rather strong laxatives, by which the condition of the stomach and bowels, which were before much out of order, improved ; and application of the cold douche about thirty times, whilst in the warm bath.

Case 3d.—Single ; æt. 24 ; from terror ; did not appear to understand what was spoken to her ; never spoke ; never moved from the position in which she was placed ; asked for nothing, but took food when it was offered to her ; habits dirty ; appearance slovenly ; complexion sallow. Strong laxatives, and several blisters to her head. Extensive eruption of pustules produced, which continued some time on the back of the head and neck. Douche a number of times : very little amendment followed.

Chronic Dementia.—All kinds of remedies been used, and in general without avail, as bloodletting—general and local, counter-irritation by blisters and pustules, issues, incisions, and caustics—actual and potential, on different parts of head and neck, emetics, purgatives, tonics, narcotics, mercury, arsenic, strychnia, baths of all kinds, electricity, galvanism, &c. Indications, to remove diseased action, and absorb fluid effused in the brain. Constant attention to preserve general health, now more liable to suffer from diminution of nervous energy : watch against a vicious habit. Habits of regularity and cleanliness. Kind treatment, and where capacity, useful and agreeable occupations and amusements, seem all that can be done. *Case.*—A patient aged 40 ; a tailor ; with cataleptic and comatose tendencies ; deranged ten years. Purgatives ; tonics ; douche ; friction of spine ; pustules ; carbonate of iron in very large doses ; blisters ; sinapisms, &c., tried extensively without apparent benefit.

Monomania of Drunkenness.—Intense craving to drink to excess, though they may have resisted the temptation for years before ; self-control totally inefficacious. Seclusion. Medicines for digestive organs. Moral means to lessen desire.

Case 1st.—Æt. 50 ; married man with large family, in a respectable line of business, in which exposed to drinking. For many months acts well ; does not indulge in liquor until propensity overcomes him. Attack preceded by some cause of anxiety or vexation ; betakes himself to hard drinking, squanders money, abuses his family, and does other insane acts. As soon as put under restraint, mind recovers, and he becomes quite rational, and sensible of his folly : if soon liberated a relapse follows ; one or two months necessary to ensure recovery and break the habit. Interval between first and second attacks three years, second and third two, third and fourth one.

Case 2d.—Æt. 40 ; married, and a large family ; a good wife and mother until seized with the propensity : then leaves the house, pawns goods, and commits other insane acts. After some months' confinement, able to resume her duties. Five attacks.

Treatment of 562 cases of insanity during a term of five years.—In all moral means tending to modify the intellectual organ by the exercise of its functions. Amongst these, included removal of exciting causes ; regulating the visits of friends, of employment, amusement, and religious communication ; patients protected from injuring themselves or others ; suitable classification ; attention to regularity in taking meals, exercise, and sleep.

In addition to these general remedies, medical means, suited to the nature of each case, and calculated to remove or relieve the constitutional disturbance, with which the mental disorder may have been complicated.

In some cases, abstractions of blood, very rarely by general blood-letting, more frequently local abstraction by leeches and cupping to head or neck, occasionally in nostrils and about pudenda.

Emetics, very seldom for vomiting ; but nauseating doses of tartar emetic, in many instances been successful in shortening the duration of violent excitement.

Purgatives administered at intervals been much employed. These have been calomel, rhubarb, jalap, senna, and castor oil, occasionally oil of turpentine and croton oil ; milder aperients also been employed continuously, in particular sulphate of magnesia and aloes ; the former in peppermint or other distilled water, infusion of roses or gentian ; latter in its compound decoction, which has been efficacious as an emmenagogue, in a considerable number of cases.

Diaphoretics and diuretics been prescribed in some cases ; preparations of antimony ; guaiacum ; nitrate, acetate, and supertartrate of potash ; spirit of nitrous ether, and acetate of ammonia.

Antispasmodics also been given : in particular camphor, ammonia, valerian, galbanum, &c., and sedatives, including preparations of opium, of morphia, of hyoseyanus, and digitalis.

In a few instances a course of mercury has led to recovery ; appeared to render the constitution susceptible to the action of curative means previously ineffectual.

Cold lotions of alcohol or vinegar with water been applied to shaved head, and ice in a cap of India-rubber cloth, to diminish increased heat of head ; warmth at the same time being applied to the lower extremities.

Extensive use been made of warm bath—general and local, of douche bath and shower bath ; and cold bath been also employed.

Counter-irritation, and a discharge of serum or pus, been produced by blisters, for most part to nape of neck, by tartarized antimony combined with ointment, by setons, by issues made by incision in the course of the sagittal suture, and on the mastoid process by caustic potass.

Strengthening remedies, including generous diet, ale and wine, and tonic medicines, consisting of the decoction of bark, sulphate of quinine, diluted sulphuric acid, and preparations of steel, in many cases appeared to accelerate recovery.

Food being obstinately refused by patients having a strong propensity to suicide, recourse has been had to the stomach-pump, and food and medicines introduced by the mouth generally, and occasionally by the

nostrils : in various instances life been preserved, and a cure accomplished by this means.

Out of the 562 cases treated as above mentioned, 393 were cured.

Case.—Æt. 42 ; a widow without children ; naturally of a strong constitution and cheerful disposition ; a cook and domestic servant ; became maniacal from intoxication, to which it did not appear that she was addicted. Did not exhibit much violence, but incoherent, often repeating that the world was at an end, elements and sea on fire ; bowels very much confined. General remedies and a course of laxative medicine ; quite well in six weeks. Returned to duties, and well for twelve months ; when she suddenly refused to work, though able apparently ; refused her food, and became quite silent ; every effort and entreaty failed to induce her to resume her duties. Purgatives and saline medicines ; blood from arm ; blister between shoulders without effect. Died in a comatose state three weeks after the commencement of attack.

Monomania with Grief. *Case.*—Æt. 43 ; childless ; deserted by husband ; low spirits for a year, to which delirium gradually joined. Tried drowning, but wanted the resolution, and found in a pool. Much benefit from purgative and tonic medicines.

DR. RAY, in his second report, says we should avoid deception, as a patient is ignorant at first of his situation, and will class us amongst his enemies.

IN the report of the Lunatic Asylum at Aberdeen (1840), Drs. Jamieson and Macrobain observe—Services on Sunday are a useful occupation ; the day would otherwise be the most hurtful in the week ; in many cases it is positively beneficial, in advancing the cure, and confirming the convalescence : at no time so like rational and accountable beings. In selecting those to attend, have little respect for the nature of the delusion.

LEURET.

DU TRAITEMENT MORAL DE LA FOLIE. By F. Leuret, Physician to the Bicêtre. 1840.

M. LEURET, physician to the Bicêtre, has for some years been an author on the subject of insanity : and in this department he may be considered as amongst the most original thinkers, if not first of all, since Pinel. In the work named at the head of our article, he sets out with three propositions. 1. If it be true that insanity depends upon, or is connected with, some lesion of the encephalon, we know not in what this alteration consists. 2. The moral treatment of insanity, as recommended and practised by the best writers on the subject, has been viewed by them only as secondary or adjunct to the more important medical means, the physical treatment. 3. In his opinion, on the contrary, insanity,

when not associated with corporeal disease or suffering, is most efficaciously relieved, or even cured, by efficient moral treatment; whereas physical means, under such circumstances, are of little or no avail. To the first proposition we think assent may be given: as to the second, most writers perhaps have approved more of medical than of moral treatment, but to this rule there are exceptions; and many of them also speak in such a manner, that their opinions, as to this point, are doubtful. M. Leuret qualifies the third proposition by the observation, that it is meant to apply only to insanity when uncomplicated by any symptoms of corporeal disease: for if there are paralysis, apathy, agitation, fever, &c., we may infer that there is physical lesion somewhere, and we must therefore have recourse to physical means to relieve it. The opinion that insanity exists apart from physical lesion in any case whatever, is contrary to the generally received ideas on the subject in the present day. But whatever be the theory as to truth, M. Leuret bases his treatment in a certain class of cases upon the supposition that there is no physical lesion, and that therefore physical treatment is not necessary or suitable. With respect to the practical tendency of his opinions, and their peculiarity in this respect, I think that we may deduce from his works three conclusions. 1. In most cases of insanity, he considers the moral treatment of insanity compared with the medical, as being far preferable; and he carries out the principles of the former to a greater extent than others have done. 2. In a certain class of cases he rejects medical treatment. 3. Amongst other moral measures, he employs physical pain; principally in the cases just mentioned; for this purpose, he uses the douche and cold affusions. With respect to the remedial means alluded to under the first and second heads, little originality can be attributed to M. Leuret: for most of them have also been recommended by writers of the present day, and they are now in common use in the asylums, to a greater or less extent. But the third is, we think, peculiar to this writer: for in the first place, whatever be the practice of asylums, the theory of nearly all the writers of the day, whether connected with institutions or not, is against this practice. We will find on analysis, too, that the same thing occurs with most of the writers of the past; for it is with respect to cases coming under the head of monomania that M. Leuret recommends this mode of management, and not those of mania. Now it was principally with regard to the latter, and with many writers wholly so, that stripes, and other harsh measures, have been recommended: and the very opposite treatment has been recommended in melancholia, by some of the oldest writers. Indeed, the very nature of the external symptoms probably led to this difference in treatment. For in mania, when the patient exhibited so total confusion of ideas, so great a change of nature, as it were, and so much violence and tendency to injure and destroy, the indication seemed obviously presented of preventing such conduct, and repressing such violence, by the strongest coercive measures. Whereas, if a person merely supposed himself very wealthy, with little tendency to injure any one, no such mode of treatment would seem at all called for or applicable. And if the patient's disease was characterized by deep melancholy, instead of violent measures, the heart would be moved to an endeavour to soothe and console; and hence, an entirely different mode of treatment has, from the oldest times, been really recommended by writers; and has been, we may say, the actual practice up to the present time, excepting isolated cases with which we occasionally meet.

Thus in Shakspeare's Hamlet, when the hero was supposed to be melancholy, the king his father is made to say :

" There's something in his soul,
O'er which his melancholy sits on brood ;
And, I do doubt, the hateh and the disclose
Will be some danger ; which, for to prevent,
I have, in quick determination,
Thus set it down ; he shall with speed to England,
For the demand of our neglected tribute :
Haply, the seas, and countries different,
With variable objects, shall expel
This something settled matter in his heart."

Now it is precisely to this order of monomaniacal cases that M. Leuret applies his peculiar treatment ; and he does not apply it to prevent actions merely, as was the case in the old mode of treating mania, but also with direct reference to ideas. The truth of these remarks is evident from an enumeration of the particular kinds of cases in which he has employed this treatment. 1. Those labouring under hallucinations. 2. Those who reason falsely on account of previous hallucinations. 3. Lypemaniacs, with or without hallucinations. 4. People from humble life wishing to marry princesses. 5. Those who would civilize the world. 6. The possessors of imaginary titles and dignities. To the same effect is the following extract, which we translate from near the conclusion of his article entitled "*Terreur de la Damnation*," in his "*Fragments Psychologique sur la Folie*." For it will be very evident to those conversant with writers on insanity, that the treatment here laid down is very different from that usually prescribed to this class of patients. " I will say one word of the treatment of those believing themselves consigned to eternal punishment (*des damnés*). Do not employ consolations, for they are useless ; do not have recourse to reasoning, it will not persuade them ; be not sad with the melancholy, your sadness will nourish theirs ; do not assume an air of gayety, they will be wounded by it. Use much sang-froid, and when necessary, much severity. Let your reason guide your conduct. One chord only vibrates within them—that of grief: have sufficient courage to touch it. I shall not be accused of presumption, if I present as a rule of treatment that to which I have caused Madame Eugenie to submit, when it is known that I had to guide me the experience and counsels of M. Esquirol. It will be seen that I have not feared to add to the sufferings of the patient confided to me, and the success of my conduct towards her will also be seen."

M. Leuret divides moral measures into two series. The first consists in producing a well-arranged and judicious diversion of one or more of the intellectual faculties which have still remained unaffected and intact, by giving to these faculties an unusual activity, which may absorb all the rest, and arrest seriously and undividedly the attention of the patient. The second series endeavours to restore the morbid faculties, by acting directly upon them. These means consist chiefly in admonition, exhortation, and advice, as also in a certain degree of authority, exercised with more or less determination according to circumstances. He remarks, that between a froward child and a spoiled monomaniac, there are many

points of analogy, and hence the second series of measures becomes useful in cases of this character. He displays the two modes simultaneously or successively in the same individual; sometimes he selects one, to the exclusion of the other. In this particular, he is determined by the character of the person, and the nature of the disease. Under the head of the first series, he recommends that every means should be employed to divert and amuse the mind, and withdraw the thoughts from their delusions, by keeping both their mental and bodily powers engaged. The value of out-door exercise, of walking, riding, or driving, working in the garden, engaging in various sports: and also of in-door amusements, as music, billiards, acting plays, &c., is much dwelt on; and he appears to be as fully impressed with the utility of amusements and manual labour, as any other writer on the subject. He speaks of amusements, however, as being of a very secondary importance, and greatly prefers manual labour as a curative agent; the latter, he says, is pursued to so great an extent, that the director rarely leaves the convalescent without work. The objections to manual labour in asylums for the wealthy, he observes, appear to be more specious than real. The wishes of lunatics ought not to be the rule of the physician charged with their treatment. Their repugnances should be respected, but not yielded to. Prepare your shops, organize your labour, and with a little address and perseverance it will not be difficult to engage all, or nearly all, of your convalescent patients. Some slight privations for those who will not work, and favours to those who punctually resort to this employment, will soon people your shops. Great importance is attached by him to intellectual exertion, particularly to the exercise of the memory. He thinks that in all asylums schools should be established for instructing the patients in the different branches of literature, as reading, writing, mathematics, history, &c. He thinks their establishment would be followed by the happiest results; it would produce a salutary diversion, promoting the chance of cure, and at all events, it would render their life less melancholy than hitherto. A school has been established at the Bicêtre, attended by two or three hundred of the patients. He observes, that he takes advantage of the resource thus presented for exercising the intellect, whether learned or ignorant, and diversifies as much as possible their studies. Being principally paupers, the higher branches of education cannot be introduced to much extent. Orthography, writing, arithmetic, and the recitation of dialogues are the principal exercises. He says that he has made use of music and singing; and observes that the attempts of the multitude of physicians who have tried the efficacy of music, are insufficient to test it, as they have too hastily abandoned it. Whenever the weather will permit, all the patients in condition to walk, and who cannot or will not work, are collected in the court of the asylum and exercised, like soldiers in marching. Imitation is so potent, even among the most indolent and obstinate, that I have seen, says he, many patients of this character who, refusing at first, have at length consented to march. This is a commencement of regular, rational, and methodical action, which will lead to something of more importance. I always employ the patients as commanders of the evolutions, selecting those who manifest greater intelligence and good-will than the others. These are made the recipients of some special favours, in order to direct attention to them, and to encourage other patients who would imitate them. He gives a case, in which this exercise so far improved the patient, that from

being completely inactive, lethargic, and stupid, he became an industrious labourer. Around certain patients who had been a long time unsociable and even stupid, I contrived, says he, to collect everything calculated to awaken attention, and to excite desire in them, for want of any other means, I satisfied the greedy appetite of some for food, I created wants in others, in order to stimulate their desire of correspondence with the world without ; to some I allowed the indulgence of sights ; to many of them music ; to all, and as frequently as I could, intellectual relations with rational and reasoning individuals. Such is the advice I gave, and such the method which I employed.

Under the second series of moral measures, he would combat ideas by ideas, and passions by passions. Grief and joy, hope and fear, the indulgence of vanity, or its abasement ; in short, any or all of the passions and feelings are to be called into action according to the case, whenever there is a reasonable prospect of benefit therefrom. On some occasions, M. Leuret put himself face to face with the insane patient, in order to struggle against him. The patient had passions, so had he ; the patient had inveterate, determined passions, to which his very life seemed to cling ; M. Leuret was actuated by feelings diametrically opposed to his, and combated him. Convinced of M. Esquirol's maxim, that in order to be useful to the insane, one must love them and devote himself to them, he hesitated not to engage in the struggle, the distress of which he well knew. A precaution is here important, that the patient should remain ignorant of the end to be attained. Physical pain, by its actual infliction, or by its influence in exciting fear, by being continually held up as a bugbear before the view of the patient, is also one of the most important articles amongst the moral measures employed by him. In a vast number of cases of monomaniacal or partial insanity, there is not a little share of wilful obstinacy and petulance of temper blended with the existing mental delusion ; indeed, the patient himself will not unfrequently admit the folly of his vagaries, when under the influence of strong hope or fear. This admission may be for the moment only, when these feelings are worked upon ; and whenever their influence ceases, all the former extravagances will repossess the mind. But if, M. Leuret remarks, we once succeed in frequently renewing the effects of the emotions thus excited, so that the patient himself begins to associate the idea of the indulgence of a favour, or the infliction of a penalty, with certain fantasies of his mind, we shall find in not a few instances that these fantasies will soon have a fainter and fainter hold upon the attention, and will, ultimately, entirely vanish. The renunciation, he admits, is at first merely on the lips ; but when the person finds that along with such a renunciation he must act consistently, the mind gradually withdraws from its errors, and if kept occupied, it will often revert into the channel of sounder thought. I have known, says he, many persons who, long after their cure, when they called to mind their hallucinations, rejected them with all their energy, from associating with their existence the treatment which had been followed. Pain, he says, has the same influence with the insane that it exercises in the ordinary course of life, or in education. It is a motive power which banishes evil and promotes the search for good ; but it is far from being always necessary. As with children, he who, in attempting to cure the insane, should employ intimidation alone, will destroy whatever traces of intellectual and moral faculties which still remain to them. To excite pain, I generally employ the douche and cold

affusions. The patient being made to lie upon the floor, I have several buckets of cold water thrown upon his body. To take the douche, he sits in a bathing-tub filled with tepid water, a stop-cock, the calibre of which is about one inch, is opened, and the water falls from the height of six feet, upon his head. This is continued from two or three to twenty or thirty seconds. If my object be then obtained, I allow the patient to withdraw; if not, the douche is repeated several times in succession. Most patients complain most bitterly of its use, and will make almost any concessions to escape its repetition; but some remain quite indifferent about it. M. Leuret assures us that these applications are not so severe as might be apprehended, both from his own experience and that of his students: they subjected themselves to both the douche and the affusions, for as long a period as they were usually given to the patients. The aim of the physician should be, so to arrange their administration that the patient, while under the douche, will make an earnest promise to perform something that is required, or abstain from something that is forbidden. When I have once gained a concession, says he, I am not satisfied, I require new ones each day; the more that are granted the more I require; and if I see the hope of a cure, I stop in my demands only when this has been effected. It is not necessary always to resort to the employment of the douche and cold affusions; they should be used for those cases alone in which there is no probability of success from milder means. He reprobates the idea advanced against him, that he used these measures in all cases, but defends their use, when serviceable to the patient, even though they may be unpleasant; asking, if to withdraw the attention of a monomaniac from ideas constantly preying on his mind, gentle means are found to be useless, must we continue to employ those means, rather than resort to irony, or even to reproaches and quarrelling? What is it to me whether a lunatic love me or hate me, whether he believe me his friend or protector, provided that I break the chain of his false ideas, &c.? When I have provoked unpleasant ideas, it has been with the object of preventing others still more unpleasant. Sometimes I have rendered irrational ideas painful in order to make the patient reject them; and, in such cases, have always been careful to suggest others conformable to reason, and to endeavour to give them the attractions of pleasures. And to the accusation of harshness, he answers farther, let a follower of Broussais or Calmeil apply a moxa to the head, according to their ideas of insanity, and there would be nothing said against it; and certainly the same rule applies to him when using the douche, according to his opinions on the subject. The employment of the douche, and of all other analogous means, to be useful, demands great precaution, and, above all, a perfect knowledge of the disease. It should never be ordered without a well-marked necessity; the less the douche is allowable to be given, the more will it avail; the fear that the patient has of it produces oftentimes all that can be desired, and the physician gains something in showing himself indulgent. Whatsoever the patient does, the physician should never be in a bad humour. To passion, to abuse, to blows, oppose sang-froid and compassion; give the douche with the same calmness that you give any other remedy. There are certain patients to whom the douche is necessary, and with whom we cannot act as before recommended on such an occasion, because they cannot comprehend the alternative in which we place them, but they must be made to feel it. A young man experienced hallucinations, which absorbed his

whole attention, and occupied him incessantly ; he spoke and acted in consequence of his impressions, and as his impressions were vivid and numerous, his excitement was such as to allow him no repose. I had him, says M. L., placed in a bath, and whilst he was very much occupied in conversing with the subject of his hallucination, I gave him a moderate douche. He was silent for a moment, then appeared to recover himself, and shortly after, having said, " We will resume the train of our ideas," he continued to speak as before the douche. I commenced ; he was silent again, and recovered himself after a longer time. Finally, after many similar alternations, he felt that a disagreeable sensation returning with each hallucination, to shun this pain, it was necessary for him to keep guard over himself. He watched himself, and became more calm. Some baths, and a small number of douches, sufficed to aid him in curing himself, and it was not long before he recovered. This patient was not in a state to be profitably influenced by any exhortations which might be made to him ; I have, therefore, acted on his mind in a mode which may be called mechanical, by attaching, in a manner, a painful sensation to the exercise of his hallucinations. I had taken the precaution not to suffer myself to be seen, for this patient was incapable of comprehending the reason why I gave him the douche, and therefore, being vexed at receiving it, would have regarded me with anger, which would have hindered him from having the confidence in me with which I wished to inspire him. M. Ramon has obtained the following fact, which is a very suitable example to show the efficacy of the douche, when properly administered. Capt. F. had been many months affected with a maniacal delirium, characterized by ideas of grandeur and power ; he was a sovereign, regarded disdainfully every one around him ; the least contradiction, the least resistance, brought on an excessive agitation with violence and fury. One day, in consequence of such an excess, he was shut up in a chamber, in which he broke everything to pieces ; it was decided that they should administer the douche. It was not without much difficulty that five or six men were able to penetrate his chamber and seize him. Being carried to the bath-room and fixed upon the chair, the douche was administered. In about five minutes, M. F. was no longer the same man ; he recovered his reason entirely, and manifested the greatest regret at that which he had done during his disease. From this instant he was entirely cured, and since he does not recollect the douche, but to attribute his cure to it, and to profess the most lively gratitude to the physician who had it applied. *Case.*—Æt. 25 ; son of a person having duties in the war department ; naturally inclined to great self-esteem, being of an agreeable appearance, which disposition was encouraged by the indulgent manner in which he was brought up by his parents. On going into the world, and witnessing the court paid to the noble and titled, he was inspired with a violent desire to be thus distinguished ; until at last he fancied that he was the son of Murat, Napoleon, &c., accused his parents of imposture, and hated them, and treated his domestics with the greatest contempt. Reasoning, expostulation, and menaces did not avail. He was placed in an asylum, his mother would not suffer a vigorous course to be pursued, and his peculiar delusion evinced itself in a variety of things, such as taking no notice of any one, strutting about, constantly viewing himself in his mirror, &c. ; thus nine months passed away. His parents at last consented to the treatment required. M. Esquirol, after having studied the case, and indicated the

steps to be followed in the treatment, said to M. Leuret, you will cure him, but there must be no softness, yield nothing to him, and with firmness and energy you will accomplish your purpose. M. Leuret then commenced by going to him a sufficient length of time after his dinner to be able to send him to the bath without interrupting his digestion, if the bath should be found necessary, and gave him a letter from his father, principally of advice, severe but affectionate, and gravely desired him to answer it, which he promised. M. Paul (the patient) sent the answer next day to him: being a very angry reply, it was sent back as unsuitable; M. P. merely copied it, with an insulting message to him. M. Leuret had him immediately carried to the bath, applied the douche, and retired without making any observation. He wept and groaned during the day; M. L. visited him in the evening, talked to him concerning his exact situation, sat an hour, and left him sad, but more tranquil. Before separating, he agreed to rise daily at 5 o'clock, to go directly to the bath, that he would not remain shut up in his apartment, that he would not be disdainful to the persons of the house, and that he would renounce his imaginary dignities. The next day at the bath he was not disposed to write to his parents; M. L. persuaded him, he promised, and wrote a proper letter, and the day passed away well; the next day, and the following days, a new bath and new exhortations. If he was not docile, M. L. had only to order a domestic to place the cold water on his head; sometimes even, says he, I spoke of the douche, with firmness, but without anger, and as a remedy calculated to recall the mental faculties, and to give the ideas a good direction. The remembrance of the first douche, always present, did the rest. Under this continued mode of treatment, his habits of sloth and disdain were dissipated, and he showed an improved condition in many respects, as sitting at the common table, working in the garden, &c. During this time, the domestics were made to call him by the name of his family, to combat the delusion on this head: M. Leuret, under some pretext, took away his mirror, and his servant gained his good graces by offering him his own. M. L. hoped him cured; he having frequently asked to visit a public establishment in the neighbourhood, he was one day given leave to do so; whilst on the way, he exhibited his peculiar morbid feelings conspicuously towards his servant; they came back, and he was given the douche. He exhibited soon after, to a domestic, the same feelings. A few days subsequently, whilst walking alone, and not daring to ask permission to go out again, M. L. approached him, and inquired if he did not wish to go to a *fête* in the neighbourhood. Promising never to let his former conduct occur, on his desiring anxiously to go, it was permitted: from this moment his cure was confirmed. Against a similar disease, means purely physical would have been completely useless; reasoning would not have availed, he would not hear, or would not be convinced. In order to undeceive him, it is necessary to awaken within him some passion which shall come to your succour, and to nourish this passion even until it has conquered the disease. For example, in the above case, the principle of the treatment is only the fear of the douche, and of cold water; his principle has been this, to believe that he is a great lord, although he is not, and in this consists the disease; the remedy of this disease is the douche and cold water; so long as the disease remains, we employ the remedy; when it has passed away, we stop it. The patient who sees himself in the alternative, either to be a great lord, and to suffer, or to cease to be a great

lord, and not to suffer, will not be slow in following the better course.

Case.—B., æt. 31, entered the Bicêtre May 13th, 1839. The fourteenth of May was pretty calm, but very loquacious. Said he had been proclaimed Emperor of the French, was going to take the name of Bonaparte, the Cæsar of Cæsars, would return to Paris and pave the streets with gold and silver, &c. He was immediately placed under the douche, and was reproached for the falsehoods which he had uttered with such sang-froid; he then renounced his pretensions. In the evening, he again maintained that he was Napoleon; the douche was renewed and prolonged, his ideas were disavowed, and his real condition acknowledged. The next day he was no longer Napoleon, but a minister; another douche, and renewed promises. The fourth day he dissimulated, but to the attendants said that he was a minister of the interior, and being sent for to the bath-room, denied it. For several days he talked not irrationally, but on the 25th said his uncle was physician to the king; was submitted to the douche, and retracted the assertion. He never afterwards retained any such ideas, and was discharged on the 19th of June, perfectly restored.

Case.—Æt. 37; lost his situation as clerk, on account of inebriety, although always professing the most rigid religious principles; he condemned his habits, but they were irresistible. Came to Paris and became joint editor of some publication, became enthusiastic in the Jacotist system of education, and thought that through it he would become a genius. Irregular habits again embarrassed him, his actions became inconsistent, and he at length thought himself an extraordinary genius, destined to revolutionize the world. Taken to the Bicêtre. No change taking place in his notions, was given the douche. While in the bath, M. Leuret related to the assistants how inconsistent he was, for while he professed to be very religious, he was a drunkard, a liar, and a conceited puppy. The douche made him forthwith renounce all his ideas of regenerating the world. To try the sincerity of his promises, M. Leuret asked him whether a second douche might not confirm his good resolutions; but as he gave the most positive assurances on this score, and himself combated his own errors, with the most rational arguments, the bath was not repeated. He kept his word, remained a month in the hospital, and was then discharged.

Case.—Æt. 37; son of one of Napoleon's generals; in a draper's shop; attentive to his business; became all at once smitten with one of Louis Philippe's daughters: followed her carriage wherever she went; tried to attract her notice by dressing in the most fashionable style, even sent her presents of gloves, &c. At length stood at one of the corners of the palace, and kept moving his hand to and fro from his lips, as if wafting kisses to her. When taken to the Bicêtre, he was guarded in his answers; but at any allusion to the royal family, he indicated by his gestures that his ideas were constantly recurring to that subject. M. Leuret took no notice of him for some time, except every now and then expressing his surprise that he should have given up his occupation to live on charity. But there being no change for some weeks, a cold bath was ordered, and he was directed to work every day in the garden. He refused, was given the douche, and M. Leuret remonstrated with him concerning the absurdity of his conduct. He listened, and asked leave to write the history of his case. After his long and ineffectual attempts to obtain a situation in the palace, he expressed regret for his conduct, and attributed his disease to anxiety of mind and exposure to the sun on one day when he walked to Eu, to

solicit an interview with Baron Athalin; and desired to return to his business. M. Leuret insisted on his being occupied with various employments at the Bicêtre for some time longer. Seven weeks from his admission he was discharged cured. *Case*.—Theodore T.; æt. 43; entered Bicêtre September 15th, 1831; hallooed nearly all day; thought Louis Philippe his uncle; the Duchess of Berri his wife; extended left arm and exclaimed, "Left hand, left side," &c.—actions connected with political ideas. After a year's treatment, placed among the incurables. Laboured out of doors, but hallucinations continued, and was constantly screaming except at night. In 1838, M. Leuret undertook his case; made advances, he received them willingly, but gave his left hand; attention to be fixed but momentarily: gave him an invitation to dinner; declined it, ending with, "Long life to Henry the Fifth! long live the Duchess de Berri, my wife! music, departure, keys," &c. Forsook mild course, and ordered him to be shut up with some screaming patients; and on refusal of each to be silent, sent him to the douche, Theodore last of all. After half a minute's action, pledged himself to be silent; so all day. Next morning, at work in a field, hallooed again; to M. Leuret, said he was only talking; was told it was the same thing; after returning from work, M. L. found him in the court, talking, with a package of papers under his arm; taken to the bath; opened the packages, found them manuscripts containing government projects; burnt them before him, he sighing, but keeping silence for fear of the water; a cold rain had commenced; to show him kindness, protected him with an umbrella to his room, and had such a supper prepared for him as he wished; in parting, requested his right hand. From this moment, felt certain of curing him. Made him commit to memory Boileau's verses, and talked with him, as also did the students, on general subjects, until well enough to oversee some of the patients. Gave a history of his disease concerning Duchess of Berri, &c., mentioning morbid associations; sight of a knife or fork recalled to him a certain mortal enemy, some other object, a friend; for his manuscript governmental project, thought he was to receive 25,000 francs per annum; a pinch of snuff taken in his presence signified that this would be paid; gave left hand because a liberal-minded man should never give the right. Attacked and conquered each of these ideas in succession, first removing that relative to the Duchess of Berri. Learned one day, that contrary to orders, he had written political letters to several persons; ordered douche, and gave him a written paper forbidding him to write more on politics, and to give his opinion of his most prominent delusions mentioned seriatim, and also respecting his exact situation. Gave nearly rational answers to all but as to the sum of francs due him, and complained of his treatment, saying that his anxiety made him constantly feel as if "his flesh was torn by pincers." Required a new series of answers; and these were all right and rational, except as to his treatment. Notwithstanding, continued to work, tilling the ground, or working in the office of the director. Behaved himself rationally, making an agreeable companion, &c. Continued inflexibly to discourage irrationality, and to encourage him in doing well. Eight days after answers, being in the office with another patient, who claimed the cross of the legion of honour, and a recompense for saving the lives of Louis Philippe's sons at the siege of Antwerp, requested Theodore to assist in undeceiving this man, and he acquitted himself admirably. When the patient was gone, Theodore said, ami-

ling, "You have made me pass through the alembic; you have brought me to make the most severe criticism upon my own conduct." Some time after this, Dr. Ferrus, believing him well enough to have his liberty, discharged him. Since that time he has worked in a wood-shop, lived economically, and saved something. He is happy in the present, and cares little for the future; but it is not without sadness that he recollects his residence at Bicêtre. He is still engaged in politics, and has recently addressed a letter to the French on the subject of affairs in the East. *Case.*—Æt. 31; admitted to the Bicêtre in 1839; for two months had been in love with a seamstress, who at first treated him scornfully, but afterwards became as loving as possible. Deranged from this good fortune, going from one absurdity to another, he at last fancied that the lady was not earthly, but a heavenly messenger, who visited him in his dreams. However, as she would not consent to marry him, he became deeply melancholy, committed the greatest absurdities, until at length he was brought to Bicêtre. Bodily health good, and being aware where he was, begged to be discharged, in order to attend to his business. At length, reconciled, and very calm; ate and slept well; but would not work, alleging at one time that a prophet never works; at another, his approaching discharge. Was aware of, and amused at the absurdities of the other patients, but said what he averred was true, and in the end would be found to be right, that he would never recant it, or work for any one. For two months no change in his delusions, and as he still refused to work, ordered the douche; from this time he offered to work at any carpentry, but positively refused to do anything else; he was told that there was no carpentry to give him, and that he must labour in the garden like his companions; the fear of another douche made him submit at once. Whilst engaged in work, M. Leuret spoke to him about his sweetheart, her visits to him as an angel at night, &c.; he now confessed it an illusion, that he disbelieved what he formerly had said, and that he was determined to think no more of what he knew to be mere folly. He kept his word, and was dismissed in a month afterwards.

Case.—Urbain; æt. 30; admitted to the Bicêtre in 1838; M. Leuret found him on his visit to the hospital lying on his back, and obstinately taciturn; would not answer a single question; had refused to eat for eight or nine days; pulse natural, and no indication of corporeal disorder. M. Leuret then said in an authoritative tone, "This man must be made to drink," and immediately by closing his nostrils with one hand, he forced into his mouth a cupful of gruel from the other, and it went down in spite of his resistance; M. Leuret then inquired of the attendants if the douche was ready, as it must be used at once, if he spat out anything that was given him. In the course of the day he passed his urine in bed; but without reproaching him, he was merely ordered to swallow a cupful of broth; made to do it by the same means as before. At the same time ordered to rise from his bed; and not moving, the attendants drew him out, put on his clothes, and, when dressed, he consented to stand up. Was led into the garden, where were a number of patients in a row, passing stones, the one to the other. Urbain, weak as he was, was placed in the middle, and when his neighbour held out a stone to him to be passed on to the next, he looked at it, smiled, and, after a moment of hesitation, took it and passed it along. This was repeated several times, and before long he engaged in the work as cleverly as the others. During this time, a tureenful of soup was brought, and a spoon was given to

each man. Urbain was invited by one of his neighbours to come and eat; did so. Wine being brought, M. Leuret ordered each patient to drink from the same tumbler, to prevent Urbain from fancying it poison; at his turn he hesitated, but drank it. In the evening refused to eat or drink, and, instead, swallowed the contents of a spittoon. Next day appeared better. Visiting physician prescribed cups to nuchla, a bath with warm affusions to the head, vinous lemonade, a laxative enema, pediluvium, milk and soup. Cups applied, but would take no nourishment. M. Leuret made him get up, and after being dressed, obliged him to bring several bucketsful of water for use of ward; some bread and boiled eggs put in his pocket, which, when alone, he ate; also drank some milk. Third day, on going out to work, and taking shelter from a shower, under a portico, M. L. testified his desire to benefit him. Took food then, and subsequently after working. Fourth day, refused both to speak and eat, and some soup being put in his mouth, threw it out. Douche; which made him cry out and take food and beverage. For nine days necessary to resort to coercion in giving him his food: stomach-tube used, and during last three days submitted to without opposition: he would spit out any food put into his mouth. By degrees became more and more submissive, and to prevent his brooding over his thoughts, kept almost constantly employed in some way or another. Two months after his admission, permitted to leave. Caused by imprisonment in Germany, for some political offence, increased by subsequent distress and privations, when he made his escape into France. He gave no reason for having refused to eat; but said he did not speak, because he fancied those around him were a superior order of beings, and could read his thoughts.

Case.—A monomaniac in the Bicêtre. In consequence of the utter inefficiency of all the means which had been tried, had been placed in the station of the incurables, and had formed a resolution to perish of hunger. For three entire days would swallow nothing. Ordered the douche. When over, asked M. Leuret why he was treated so, adding that it was better to die of want, than live miserably in a hospital. It rests with yourself, said M. L., not to live in a hospital; cease to act unreasonably; if you give over your sullenness, and begin to work and eat, you shall have your freedom. "My freedom! When will you give me it?" "In a month if you choose." "In a month? then I will eat." From this time his obstinacy ceased, and at the end of the month he was discharged.

Case.—A young lady refused to eat, determining to destroy herself by starving. Stomach-tube used, but rejected food put into her mouth, and no effect as to overcoming her intention, until a stratagem. Her family were requested to call on her at the asylum and take her with them to Versailles; when there, after walking about the garden, the whole party went into a restaurateur's, and sitting down to some refreshments, commenced eating, no notice being taken of her; after hesitating a while, she began to eat also. From this time she never afterwards refused her food, got better, her hallucinations vanished, and she recovered. Here, says M. Leuret, the practice followed was quite independent of pathological anatomy; and, indeed, it is the only rational one in all cases of simple, uncomplicated insanity.

Case.—Æt. 28; bodily health been always good, but been annoyed several times before her marriage with strange fancies. Once when a friend was taking the veil as a nun, fancied it was she herself who made

the vows. Subsequently, at the marriage of a friend, on affixing her signature to the contract, she thought it was she herself engaged in the contract. Both times she communicated her ideas to her mother, who tried every expedient to set her right. Some time after she married, and during a temporary absence of her husband, being at her mother's house again, she fancied herself first a nun, then a priest, and ultimately a pope. Her mother was too weak to combat these notions with sufficient firmness; so that she was so tormented as to contemplate suicide in order to free herself from them. She experienced occasionally *nervous crises*; struggled, cried, and conducted herself in such a manner as to alarm all the persons around her; she complained also of want of sleep and continual headache. Menses quite regular, but, at their appearance, an almost constant exacerbation of her mental delusion. In this state of things, M. Leuret undertook her management. She had been told that he, and no one else, could cure her, and she believed it. He availed himself of this, and made her solemnly promise that she would comply strictly with all his directions. Ordered her to be removed from her mother's to the house of a family who were entire strangers to her; directed also that she should never speak of her ailments, either to any of the members of this family, nor to himself, and also that she should take such lessons as he wished her to take, either from some other person, or from himself. To this added baths, bread pills, and a ptisan rather unpleasant to the taste. During the first month, gave all the lessons himself, as she was not disposed to pay sufficient attention to the other teachers. Lessons in arithmetic, history, and geography. All these restraints annoyed and thwarted her exceedingly; but, as desirous of being cured, she submitted rather patiently. Gradually became attentive; read and studied with interest, and even with some degree of pleasure; frequented different spectacles, and indulged of her own accord in all the habits of social life. At the same time her sleep returned, the pain of head had disappeared, and of her own accord she several times expressed her astonishment at having allowed herself to be carried away for so long a time by such absurd fancies. Now been four months under treatment, and her convalescence seemed fast approaching, though he still dreaded a storm at each menstrual period. She then applied less to her studies, indulged more in fancies, and evinced some threatening of crises. He was satisfied that both crises and mental inquietude would disappear, if she was willing to give up her indulgence in them. His efforts were then so directed as to produce this willingness in her. One day, when perfectly calm and happy, she privately wrote a very desponding letter to her mother. This was sent to M. Leuret. Towards the period when her mental disturbance was commencing, he paid her a visit, and questioned her on the state of her mind, and more especially her memory. Gave a satisfactory answer. Requested to know what she had done during several previous days, and she told him. She dwelt, on being questioned, with particular pleasure on the happiness of the day on which she had written the letter, but said not a word of this circumstance. M. L. drew the letter from his pocket, rebuked her rather severely, accused her of breaking her promise to him, and detailed to her the long catalogue of the symptoms of her disease, and imputed them to her as so many faults of which she had been guilty towards those whom she should have loved most. Was confounded, could only stammer out a few excuses, and withdrew. This terminated the disease—her mental inquietude did not

return; the menstrual period passed off without any unpleasant symptom, and her convalescence was perfectly established. This treatment lasted six months, during all of which time she took no medicine whatever, and was allowed perfect liberty; M. Leuret exercising no other constraint on her except allowing her to think that he would abandon her if she did not comply with his directions to the very letter. This dependence lasted just as long as the disease retained any serious symptoms: as her intellectual powers approached restoration, she evinced a spirit of insubordination, neglecting her studies in order to read novels, indulge in walking abroad, and in being present at various spectacles, to which things she was totally averse before. In treating this case, M. Leuret states that he was very much assisted by the unlimited confidence which the patient had in him.

Case.—Æt. 35; ambitious monomania, predominant features of delusions being of ambitious character. Placed in an asylum, where, after her mental disturbances had somewhat abated, she became dumb, or, rather, she ceased to speak. Understood perfectly everything said to her, and answered in writing with precision and correctness whatever was asked her; when questioned as to cause of silence, wrote that she was completely deprived of speech by an affection of the throat. In other respects, conduct not altogether rational; for having no means of supporting herself, except by giving instruction, and declining to do this, had no employment, relying on the groundless expectation of a pension from the French government for her father's services. Dumb for 18 months; during this time having only uttered some few words in a low voice, and by way of trying. M. Leuret did not wish to communicate by writing, and was perplexed how to act, but finally determined to affect dumbness. He apprized the persons around her of this, and enjoined on them secrecy; then sent for the patient. Received her very coldly; placed a chair for her before the light: she sat down, and he made a sign to her to open her mouth very wide. She did so; he then pressed down the tongue, carefully inspected her throat, felt her neck, examined the state of the circulation; and when he had finished, he made a sign to her to arise and leave the room. His manner towards her was somewhat rough and abrupt, with the view of disposing her to get well as soon as possible, if it were only to get rid of his visits. His prescription was, a large plaster to the neck; mel rosa to the bottom of the throat twenty times a day; and infusion of rhubarb, and mustard baths to the feet. She accompanied her mother to the apothecary, saw all the preparations for her treatment, and, when everything was ready, came to her mother, and reading with a loud voice out of some book, uttered the following words: "I drink well, eat well, sleep well, consequently am not sick, and have no occasion for a physician." And since that time, though now more than eight months since, her dumbness never returned.

Case.—Feb. 13th, 1838, Vincent, æt. 26, entered the Bicêtre, and on the following morning I found him standing at the foot of his bed, apparently absorbed in thought, but disposed to answer my questions. He assured me that he was well, and could not conceive why he had been sent to the asylum. Being asked if he thought that he had enemies, answered that he believed he had some who were very dangerous. Persons in the house with him had placed boxes on the stairs to make him fall. They had also put into the vault-pipe of the necessary an "infernal machine," which would explode when he presented himself, and had inter-

cepted some merchandisc destined for him, through jealousy lest his trade should become lucrative. He had been to the commissary of police, to make known his grievances, but that functionary, instead of rendering him justice, had sent him to the Bicêtre. Related other absurdities, to which I listened with seriousness, but without any aspect of severity. I then spoke of him to the attendants as a vagabond, who thinks to obtain a living here without labour, or perhaps feigning insanity to escape punishment from crime, and ridiculed his delusions, saying we will not be deceived by the stratagem; the students assented, and also spoke in a similar manner to a greater extent; none spoke to him, and he was left confounded. Ordered, in his presence, that he should work all day, and be well watched, that I might be informed of everything he said relative to his falsehoods. He worked in silence. The next day I urged him sarcastically to write for his relations to come and take him away, as none were received here but honest men. Said he would like to leave, but refused to write to his friends. Had him taken to the douche, and told him I should subject him to it for three hours. After its action, for a few seconds, appeared much annoyed. Ordered it to be stopped, and asked if he would obey. Answered in the affirmative, but this did not satisfy me; I required a full explanation of all the foolish stories he had told me, warning him of the continuance of the douche, if the answers were unreasonable, and it should be repeated every day until he should stop endeavouring to dupe me. Answers perfectly rational. Expressed satisfaction at so happy a change; freely forgave his wrongs towards me, attributing them to his disease rather than to his intention to deceive. Released him from the three hours' douche, and we parted friends. On succeeding days continued to work, and when his hallucinations were mentioned, hastened to assert that he no longer believed them. On 24th of February, took him to my office, where I received him with cordiality, and questioned him concerning the cause of his disease. Said there was no insane person in his family, had been very sedentary for several months, had lived very abstemiously, working eighteen hours per diem, and taking no recreation; as to infernal machine, the porter had told him not to throw anything into the vault-tube, as it would freeze; his imagination supplied the rest, as also concerning the boxes. Notwithstanding his assurance of believing these ideas to be delusions, yet continuing to speak of them, his countenance became more animated, and he appeared to consider them realities. I stopped the conversation, reminded him of his promises, and encouraged his good resolutions. Subsequently, never saw him without a little merriment at his expense;—the students did the same, until the recollection of his hallucinations became disagreeable, and almost painful to him. Finding that his reason had resumed its integrity, we discontinued our sarcasm. On the 8th of March, he was discharged restored, by Dr. Ferrus.

When the brain is diseased, when it is altered in its texture and in its physical properties, the mental delusion depending on this cause should be treated by moral measures; but physical treatment is necessary for the bodily symptoms. Some patients are occupied in writing, &c., all day, and others only after employment in the fields and workshop. Some of the most heavy or stupified are exercised by gymnastics or dancing; while in the evening all well enough are assembled together, and the day is terminated by music and dancing. If it (the cause of insanity) really exists, it must be similar to that which gives rise to dreams, which sug-

gests the false convictions in persons of otherwise sound minds, and which excites the instincts and passions. On no occasion does it reveal itself by physical characters, and its nature is completely unknown. The physician must strive to make himself master of all his patients; but this he cannot do unless he varies and multiplies his means of action in innumerable ways. According as need be, he should employ either a firm, and even a rude or conciliating manner, either condescension or despotism; he must flatter in one instance, and check in another, certain passions; now lay a little stratagem, and now act with the utmost candour and seeming confidence: in one word, seek in the minds and tempers of those he wishes to cure, for some spring or lever, which, once set in motion, may restore to the mental faculties the energy or rectitude which they have lost. He quotes a case from Sir Alexander Morrison, to show his reprobation of the common treatment in complicated cases of insanity. *Case*.—Health good; conversed with spirits; to prevent it, calomel and jalap. Thought he was God; baths and pills discontinued. Became violent, put in cell and cupped. Broke the windows; ipecacuanha. No change; camphor and hyoscyanus. Calls this unmeaning. But, says he, I say very positively, and so as to leave no doubt to the most prejudiced minds respecting my ideas, that the treatment which I have proposed is not applicable, in its whole extension, but to the insane who present no nervous symptoms—to which are opposed, with greater or less success, physical treatment. It addresses itself to disorders of the intelligence and the passions; it suits neither the demented, nor most maniacs, and in monomania should not be employed, if there be paralysis or other analogous symptoms. As to the trial of moral means with the insane, it has been made, but it has been without fruits. The cases in which these means are indicated have not been distinguished from those in which they are useless, and after their employment has been restrained, with an incredible timidity, it has been concluded that they were almost useless. Moral medicine has been made subordinate to pathological anatomy; it must be disengaged and given the full development of which it is susceptible, for it is upon this condition only that it will show itself efficacious, in the treatment of mental maladies.

As to the affusions, some have great fear of them, others submit to them without much difficulty, others appear to take a certain pleasure in them. Number of bucketsful of water, thrown on the body, varies from four or five to twenty, twenty-five, and even more. Water of the affusions and douches, ordinarily six to eight degrees, rarely ten. Advises at the Bicêtre the well-informed to instruct the ignorant, thus aiding the teacher, and being mutually benefited. *Case*.—A hypochondriac, who had been heretofore master of his actions, and who, from caprice, had often injured and beaten his servants, in spite of the greatest entreaties would not take any exercise. A slight vexation succeeded better here than force. A domestic took a chair, sat face to face, and looked at him fixedly. Impatiently asked what he was doing there. Servant answered, M. Leuret had ordered him to remain thus every time that he kept his room. Not being able to bear this, he regarded the permission to walk out as a true favour. At another time, when very abusive, whilst walking, made a domestic accompany him in the next promenade. This company was disagreeable, and he became polite. Similar means properly employed would induce most patients to labour. *Case*.—In establishing music as a means—had neither singer nor musician, and it was neces-

sary to seek these amongst the patients. Had a patient, an old fiddler. Believed himself pursued by police, and did not dare to move. To make him rise up, walk, or eat, entreaty and even constraint necessary. Knew little how to act on him, when thought of a violin. Conducted him to bathing-place. Made the douche flow before him, and at the same moment gave him a violin. Took it in preference to the douche, after some hesitation, and played the *Marseillaise*. Led him to the school, found some patients there who were engaged to sing, and the fiddler to accompany them. In two months he was cured. After reading, patients* now sing every day. In marching and evolutions, patients only employed to command. Weekly concerts of insane singers and blind musicians. M. Ferrus has carried out Pinel's wish for a farm; straw-plaiting for those incapable of going out. A patient utterly inactive, and exposed on this account to scurvy, was made a good workman, and restored to bodily health, by marching; for first three days necessary to uphold him by the arms. Another now amongst best singers, in the same state, and relieved by same means. By the aid of this organization (consequent on marching), somewhat military, the visit which he makes each day to the patients in the halls or courts, he observes, becomes easy, and I am able to give on this occasion at least a *coup-d'œil* to the incurable insane, reserving the greater part of my time for the patients submitted to active treatment. I assure myself whether these poor incurables enjoy good health, if they are dressed suitably, if they are well fed, if they have any complaint to make; finally, if amongst them I perceive any who have some return of reason, I study them and seek to second the efforts of nature. Commencement of a library having been placed at the disposal of instructor, the educated patients may pass the evening and the moments of rest from manual labour in reading; but does not count much on this mode of revulsion; places much more confidence in the instruction given each other during the long nights of winter, when going to bed at nightfall was disagreeable to many, and gave time to brood over their delusions. To fix the attention of the insane is a fundamental precept, given thirty years since by M. Esquirol, but too rarely put in practice. The theatrical pieces chosen for performance are lively ones. The actors are not those best qualified, but those to whom the part is calculated to be most useful, thus the apathetic and the lypemaniacs. When, says he, I see a lypemaniac all of whose desires are satisfied, all of whose repugnances are respected, and towards whom neither annoyance nor restraint is permitted, it seems as though a man within sight was suffered to be drowned, when by seizing him violently by the hair, he would be surely rescued from death. One of the best precepts of treatment given by Tuke is, that patients should watch continually, and control their words and actions.

His concluding observations are as follows: The influence of the passions and the ideas upon the madness of M. Dupré, and upon that of other patients whose history I have reported, is so evident, and is shown to be so efficacious, that it seems to me impossible, henceforth, to regard the moral treatment as an auxiliary to the physical. When insanity is consecutive to a visible derangement of our organs, it is accompanied with symptoms accessible to the senses. To combat these symptoms, hygienic means, and remedies drawn from pharmacy, are perfectly indi-

* A great composer of Paris, by their consent, has set to music productions of the French poets, for these patients.—G.

eated; but the symptoms accessible to the senses do not constitute madness: they are not deprived of reason because they experience derangements, however grave they may be, in the organic functions, but because the intelligence and the passions are deranged; but, as I have said in commencing this chapter, and as I believe to be demonstrated by my observations, with the insane, the intelligence cannot be brought to a regular type without the succour of moral treatment, and this mode of treatment is the only one which has a direct influence upon the symptoms of madness.*

STATISTICS OF THE YORK RETREAT FROM 1794 TO 1840.—*Moral Treatment* differs not materially from that adopted of late years in other well-regulated asylums. Gardening and other agricultural labour, with games of skill within doors; and out of doors cricket and quoits. Food of good quality and nearly unrestricted, it being the object to impose no irritating restraint, but to make the patients feel as much as possible at home.

Medical Treatment seems very simple: it is remarked that severe antiphlogistic, or reducing measures, are seldom resorted to; been found that when venesection, and other means of the same kind, have been carried to a great extent before admission, recovery generally more tedious, and perhaps in some measure prevented. In cases, however, of various forms in the recent stage, the cautious employment of local bleeding, either by leeches or cupping, the use of brisk purgatives and aperients, of evaporating lotions to the head and stimulating pediluvia, followed sometimes by blisters to the nape, has been frequently attended by decided advantage. Where the physical signs of cerebral disturbance have been more marked, a mild mercurial course with or without opiates, and carried only to incipient ptyalism, has, in some cases at least, been speedily followed by convalescence. In cases of mania, attended by much excitement, where the general means first mentioned either appeared inapplicable, or when tried, have not been followed by decided relief, the tartarized antimony, in full or nauseating doses, not unfrequently has appeared efficacious in removing the excitement. Preparations of opium, and particularly morphia and Dover's powder, hyoscyamus, and other sedatives, are likewise frequently and successfully resorted to, in some cases of excitement, with the view of tranquillizing the patient and producing sleep, without being followed by those unpleasant symptoms which were formerly thought to arise from their employment. In melancholia, baths very useful. In a few cases from the first, tonics and stimulants.

THE following observations are taken from a work on asylums, and a paper on bleeding in mania, by Dr. W. A. F. Browne, at present, we believe, superintendent of the Crichton Lunatic Asylum at Dumfries.

In homicidal insanity, the mind is to be bound to a certain routine of purely intellectual or mechanical tasks; thus excluding the operation of the propensities. Pinel says that three lunatics, each fancying himself Louis the Sixteenth, met together in the courtyard, and disputed about their respective right to the title. The matron pacified them by taking each one out separately, saying to him that everybody knew that he was Louis, and that it was strange that he should dispute about it with per-

* For the French works on the treatment of insanity, published subsequently to M. Leuret's "Traitement," see note first, in the appendix.

sons evidently insane. The timid maniac should have his sorrows soothed, his desire for society and protection should be opposed to his imaginary horrors, and having something to do should counteract delusion of having something to fear. Esquirol mentions a lunatic who complained of a total want of sleep, restlessness, and headache; an opiate was prescribed. Every evening received a grain, and after a show of reluctance, put it in his mouth; he did not swallow it, but after accumulating nearly a scruple, swallowed the whole and died. Patients having the monomania of avarice, may be bribed to do anything. Patients suffering from monomania, when the delirium relates to some general idea, may with perfect prudence be intrusted with even responsible situations in the management of the asylum. The number of cases is very small, not benefited by modified isolation, or rather separation from the places, persons, and impressions, causing or connected with the origin of the disease. The best rule as to occupation, is to have all sorts at command. Ridicules the idea of trying the "excitement of terror" as a curative measure; says that Pinel seemed inclined to admit its propriety: it is still persevered in by some who declare that benefit has accrued from it: in the Senavretta at Milan, they have constructed an apartment, which can be placed in darkness or light, into which the rain can be made to descend, and thunder be made to peal at pleasure: directed against furious maniacs. He thinks the risk of unhinging the mind from such measures to be very great, and that, on account of this fear of ill-consequences, the surprise bath has fallen into disrepute, and been in many places altogether abandoned. The temples of Saturn in Egypt were excellent asylums; here, under the form of religious ceremonies, the most healthful and amusing exercises were continually participated in. At the celebrated retreat of Gheel, the patients were boarded with the peasants, who employed them in their gardens and fields. Pinel mentions an insane watchmaker, who was cured by the attempt to find out the perpetual motion. Visits of strangers often beneficial, by interrupting the chain of morbid fancies, by arousing feelings long dead or dormant, and by re-establishing the bond of connexion with the external world and its affairs, which often seems to lunatics dissevered. In the want of proper attendants, we must employ him who is gentle and good-tempered to take charge of him who is habitually irritable and unruly, or to induce the partially insane, he who is irrational *ten* degrees, to associate with and teach the irrational of *twenty* degrees: this principle is acted on in the asylum at Perth. Objects to serving up the meals of patients of a higher grade in their own apartments, as being too cheerless. In addition to the customary complement of hot, cold, and shower baths, every asylum should possess the means of directing a quantity of cold water upon the head, while the body is immersed in the warm bath. When moral treatment cannot, and bleeding and tartar emetic ought not to be resorted to, has seen the most frantic and furious maniac restored to tranquillity by the discipline suggested. When sleeping in dormitories, a keeper should stay with them; for thus society and protection, and moral training even in the silent watches of the night; wild fancies, &c., appeased. Where solitary cells, without personal restraint, walls to be invariably padded with wool or cotton, or some soft material, to prevent injuries from running against the wall. Airing grounds should be planted, have a fountain; a bowling green; stocked with sheep, hares, a monkey, or some other domestic or social animal. Take care and not

employ a madman in an employment about which he is deranged. Thinks the rule a bad one, not to reward them for labour done. Better diet or clothing given as a reward, or proceeds laid up for leaving the asylum; terms to be always considered sacred. Not enough to separate furious and fatuous, &c., but the action of each mind, its relative actions and reactions, should be taken into account in forming groups. The violent or malicious may often be confided with perfect safety to the acquisitive, or vain, or religious monomaniac. Affectionate and happy with the desponding and despairing, and the helpless idiot with the mother weeping for infants she never bore: this system in the asylum at Perth. It may be carried farther: a vain idler may be intrusted to the tutelage of three or four industrious knitters or oakum teasers. A contented, self-satisfied, and active-minded maniac, is joined to a timid, lethargic, and gloomy one. In certain classes, we may appeal to the honour. Esquirol trusted a military man, acting on this rule, who had determined on suicide, with the means of destruction; he passed the ordeal in safety, but not without a struggle; author thinks this venturing rather too far; but when well assured of the strength of this principle, it is wise and prudent to appeal to it instead of compulsory measures; may be turned to good account in classifying patients of the higher ranks. But dangerous error to be avoided, that this feeling is stronger in lunatics than in the sane. When a classification is once formed rightly, it is self-working, and does not require keepers to direct and chide. From possessing agreeable qualities, some patients apt to become favourites, and obtain exemptions from medicines, &c.: this to be guarded against. On this account servants had better be frequently changed from ward to ward. Religious services useful, if proper discrimination in the patients: should be performed on Sunday, in the manner to which the patients have been accustomed, and in some apartment consecrated to the purpose. In the asylum at York—the York Retreat—only read certain portions of Scripture; that this mental medicine may be carried much farther, is evident from reports of various other asylums. On the Continent, patients have been permitted to participate in the sacrament of the Lord's Supper. He thinks the cures reported from sudden unanswerable arguments, and the treatment of hypochondriacs imagining themselves afflicted with diseases, animals, &c., by pretending to act on these imaginary things, as not to be depended on. The plan is objectionable also as fostering the delusion. Esquirol advises that these be tried as the last resource. So also of quackeries of a less innocent description: a Milanese physician cured all cases of mania in a given time, by chaining his patients in a well; the water was allowed gradually to ascend to the mouth, and when the maniac was in terror of being drowned his disease ceased. Balls have been introduced into many well-regulated British asylums, and also in the Salpêtrière. Does not think that dramatic exhibitions would do much good in British asylums, as in health there is little taste for them. Attempt has been made unsuccessfully at Charenton; at Copenhagen without injury. At Pirna, in Saxony, the bath of surprise is thus constructed: a patient is seated in a metal slipper bath, sunk in the ground; the attendant then comes to a window about fourteen feet above the patient, and throws a large bucketful of water upon the head; used as a remedy and a punishment. In the selection of books, we should be guided in each case by the characteristics of the case.

In nine cases out of ten, when a professional man, even of eminence,

is called to a case of recent mania, he orders general depletion, the liberal exhibition of tartar emetic, brisk cathartics, and cold applications to shaven scalp. Symptoms continuing, bled again perhaps from the arm, or, if not, will be cupped or leeches to a certainty; these failing, an asylum is recommended; and the practitioner thinks that the treatment there is but a necessary continuation of his own, which is a gross mistake. Bleeding, then, in private practice seems the one remedy in Scotland; and Dr. Browne gives five cases entirely different in their phenomena, to which this same remedy had been applied. He thinks that depletion, first, materially retards recovery. 2. Tends to cause dementia. This appears to be borne out by the fact that in those who have been bled and ultimately cured, a stage of imbecility approaching to fatuity separates the period of excitement from that of convalescence. 3. Sometimes directly fatal: mentions several instances in which it seemed to occasion fatal exhaustion. 4. Debilitates at a period of depression, without aiding the action of other remedies. In a vast majority of cases admitted into asylums, it is necessary to order a generous and nutritious diet. In every case where bleeding has been resorted to, a full regimen is indispensable; otherwise sinks from exhaustion. Nor until loss of strength succeeding bleeding, and of course aggravated by mental anxiety, be met, can active remedies of any kind be tried. Opiates act, it is true, with greater power; but even if their efficacy was greater than it is believed to be, their influence is very limited, when compared with that of agents inadmissible from want of strength. In a London asylum, where both bleeding and emetics were used on a great scale, it was found that when vomiting was induced after bleeding, apoplexy frequently followed. The strong, frequent pulse, from mental perturbation, and muscular efforts; and bleeding to reduce this vain and pernicious. To bleed to subdue violence of mania more so. 5. Dangerous from bandage being torn off in cases of excessive muscular action: gives two cases of this. *Case*.—Medical man largely bled during delirium from fall from horse. During the night, imagined that he was necessitated to walk out with two ladies, who appeared to stand at the bedside. In attempt to dress, vein began to bleed, and bled until he fainted. Passed from syncope to convulsions, and died. *Case*.—A carpenter; violent and suspicious mania. Bled profusely by a veterinary surgeon, and left to care of mother. Reaction commencing, became doubly furious and unmanageable, tore the riband from his arm, and ran with the blood flowing, until he was literally run down. Has now sunk into a state of imbecility and hebetude so profound, that all sensibility of surface seems obliterated. Dr. Browne has never seen a case in which local bleeding was not preferable to general.

BINGHAM.

OBSERVATION ON THE RELIGIOUS DELUSIONS OF INSANE PERSONS, &c.
By Nathaniel Bingham, Member of the Royal College of Surgeons,
&c. 1841.

GREAT diversity in the practice of physicians. Thus some practitioners assign bleeding the highest rank among remedies, and employ it with the greatest boldness, while others use it sparingly. Violent emotions of

patient under a paroxysm of mania no criterion to regulate depletions: may be accompanied by such diminution of arterial strength, that an average bleeding would be fatal to patient's reason, if not his life. But if, with noise, and restlessness, and obstinate resistance, and possibly a disposition to strike every one in reach, there be a strong pulse, full or hard, with other signs of an inflammatory fever, an ordinary bleeding may be had recourse to with advantage; and if these symptoms do not give way, and marks of debility are not present, may be safe to repeat it in two or three days, or sooner, and follow up second operation by abstraction of blood locally. In other cases, whether marked by maniacal or melancholic symptoms, a few ounces of blood merely, by leeches or cupping, repeating same from time to time, as once a week or once a month, till convalescence. But indications of increased sanguiferous activity, or a fulness of vessels of head, in every instance to be carefully sought after. In periodical mania, paroxysm cut short, or rendered mild, if, at its approach, a bleeding, provided patient in a state for it. Here to beware of idiocy from bleeding, and also from disease unchecked. In Bethlehem Hospital, where recent cases in great numbers, bloodletting is very little practised: most of them been bled previously to entering, enough or too much. When first stage passed, bleeding generally improper; and even if beneficial at first, must be cautious in repeating: its subsidence must be awaited, using safe means of allaying excitement; but in proportion as a case resembles phrenitis, or sympathizes with other corporeal affections, it becomes amenable to the laws of medicine. From our knowledge of the determinate course of insanity, we should not be prevented from using means to cut it short, but still it should keep us from using violent and dangerous expedients.

A more important agent than bloodletting, and more generally applicable, is a steady, long-continued action on bowels. He does not mean an occasional dose of medicine of moderate strength, in some cases with moral treatment, answering every purpose: but a regular course of mild aperients given daily or every other day for many weeks, while strength is supported by nutritious diet, provided no reason for discontinuing them; and in old obstinate cases, having been neglected or mismanaged, success now and then from a mild alterative course, consisting of small unirritating doses of blue pill, with rhubarb, aloes, colocynth, &c, to move the bowels regularly, and produce in time a specific effect on the constitution. Knew a case in which a salutary change, as soon as secretions became healthy, and mouth slightly affected.

Conjoined with above principal means, others of subordinate advantage may be advantageously employed, and will sometimes be alone sufficient. Small doses of tartarized antimony, as $\frac{1}{4}$ or $\frac{1}{2}$ gr. every five or six hours, with or without sulphate of magnesia. A remarkable allayer of general excitement, but requires watching lest it create a dangerous amount of depression.

The douche, while patient in warm bath, a potent remedy, which must not be continued too long together, and therefore servants not to be trusted with its administration; better in severe cases to repeat it three or four times a day, in others less frequently. Cold lotions to shaved head, and pounded ice in a bladder, fitting like a cap to head, good on same principle.

Counter-irritation of much benefit, in different stages of complaint. Blister to back of neck often serviceable, when violence of mental affec-

tion been reduced ; and to cases of long standing a seton or large issue in course of sagittal suture well adapted. In a case of puerperal insanity, in which violent delirium supervened in five or six days after delivery, all the bad symptoms removed by rubbing shaved head with ung. antim. tart., of more than usual strength, applying a blister afterwards, and purging with croton oil. As a means of lessening local plethora, when you wish to avoid weakening the patient by the abstraction of blood, Dr. Haslam suggested to him, and recommended from his own experience, the warm pediluvium, with dry cupping of the thighs and upper parts of legs : seems worthy of attention, and shall take first opportunity of trying it. Great discrepancy of opinion with regard to emetics ; thinks there is danger of apoplexy from them ; should not be given if a tendency to fulness in the head, which is seldom the case in chronic monomania, and here not impossible it may be of service sometimes.

Opium, henbane, foxglove, stramonium, camphor, belladonna, morphiae, &c., given in large doses, said to have produced extraordinary effects in a few cases, but we are not told how often they have failed. If we begin with a moderate dose, and increase it day after day, where narcotics and sedatives are applicable, we avoid the risk and secure every attainable advantage. In a general way, anodynes are of little value in mania, though among the best remedies, when they have the desired effect and produce composure. But in all diseases of head must be employed with caution, and watched with peculiar care.

Dr. Millingen, late medical superintendent of Hanwell, says he does not see any benefits from religious services. In mania combined with epilepsy, persons of mild tempers become during the paroxysm capable of any act of violence ; and as epileptic fits attack the patient suddenly, unceasing vigilance necessary to prevent fatal consequences. Moral treatment supposes patients capable in some degree of being influenced by arguments, and of acting from common motives, on occasions not crossing their peculiar delusions ; as capable of being swayed by kindness, awed by authority, led by example. Removal from objects associated with disease first step. Dr. Willis, in treating George III., unfurnished his apartments, dismissed his courtiers and domestics, and had him attended by strange servants. All English, German, and French physicians, experienced in insanity, recommend this plan of treatment. Timid patients must be treated with the utmost tenderness. Where they say there is nothing the matter with them, and why should they be confined, it is in vain to argue the point : it is better to amuse their minds. Sometimes cure may be expedited by a manœuvre. A patient at St. Luke's used to traverse the gallery every day for the benefit of his family, so many turns for his son, so many for his daughter, &c. ; after some time, physician caused him to be fastened by a chain around one leg ; stopped his walking, and cured his insanity. If he cannot restrain his feelings in company, he is advised to leave the room until composed. If, at other times, gives way to ebullitions of temper, or otherwise behaves ill, told that such conduct unfits a gentleman for good society, and that he cannot be received at table, or ride out with a party, or attend the evening concert, &c. Such mortifications, well-timed and rigidly enforced, generally found sufficient. It is a standing rule in all good asylums, that it is better to incur the risk of some annoyance and personal danger, and some additional trouble on part of attendants, than use least unnecessary degree of restraint. Nature of man to resist in

proportion to coercion. If we wish to teach maniacs to govern themselves, they must sometimes be trusted. Mr. Hill is in favour of the non-restraint system. Dr. Corsellis, director of Wakefield asylum, against. Author thinks it is practicable, by multiplying attendants, and padding the walls, but not advantageous, as they suffer more from hands than bands. Dr. Abercrombie thinks that with respect to occupation, we should be governed by two principles: 1st. Those should be chosen calculated to lead mind into a connected series of thought. 2d. Should find out patient's habits and favourite pursuits previous to disease, and lead his attention to them. Where no fear of organic injury being produced by robust exercise, benefit from constant labour great, and conducive to health and recovery. A gentleman under my care, formerly in an asylum, has expressed to me the weariness he felt from the want of labour; he played at billiards, cards, bagatelle, &c., till he hated the sight of the tables. One of the witnesses before the House of Commons gave as an answer that an acre was required per man. Cricket, bowls, long walks, dancing and gardening for higher ranks, in place of agriculture. Classification. Recent cases in acute stage, the incoherent, the furious, and those deranged from abstruse points of doctrine cannot attend religious services. The propriety of religion must be determined by the circumstances of the case. Sir Alexander Morrison thinks many of the insane are as capable of profiting by religious instruction as sane persons. Dr. Buton and his lady, the physician and matron, on the female side of the Hanwell institution, having under their care 500 patients, are warmly in favour of their religious instruction, and speak with unhesitating confidence as to their general capability of receiving it: think the difficulty lies in their dreadful depravity. Patients who have gone through the complaint, often make the best keepers. In melancholy monomania, or religious melancholy, arising from causes not religious, the prudent exhibition of sacred truth *does no harm where it fails to do good*. Mr. Bakewell gives a case showing how little satisfactory the cause assigned often is: A female servant came to consult a physician about her health: her account of her complaint, and her looks and manner were so strange, that he was convinced she was deranged. She therefore went through a course of medicine, and quite recovered. She then told him as a secret that she had been desperately in love, and that his medicine had entirely freed her from this: this cure of love had been a vomit, and two or three smart purges. A young lady in genteel life having attended the vehement harangues of a distinguished preacher, at last imagined she was in the vicinity of the place of torment, and smelt burning sulphur wherever she went. She was removed into the family of a pious clergyman, where she perfectly recovered. Violence of a furious patient arises from a mistaken idea respecting the designs of those about him. Convince him, if you can, that no hurt is intended, but kindness only, and he is disarmed and tractable. A keeper, rather a small man, was summoned to a refractory patient. He found three men, of the labouring class, preparing to overpower a gentleman, who had a poker, determined to knock down the first who should touch him. Keeper ordered the men to leave the room, offered his hand to the patient, went up to him, and calmed his anger by assuring him nothing should be done contrary to his wishes. Such attendants manage the turbulent by knowing when to be firm and when conciliatory. By steadiness in small matters, showing that they will be obeyed when ne-

ecessary, and by the greatest attention to their health and comfort at all times, they secure their love and respect, so that a nurse or keeper of small stature will control a giant. He thinks it is practicable, it is safe, and it is expedient to impart religious knowledge, and the consolations of piety, to the insane. Should be nothing sectarian. A regular chaplain should discharge the duties, as a governor is apt to be disliked and suspected by some, as issuing orders. Dr. Shattuck, of Boston, saw at Aversa, near Naples, the patients attend mass, and behave with the greatest propriety. Dr. Monro in 1814 strongly recommended religious instruction in Bethlem Hospital. Persons who have become insane from religious perplexities should not be wholly excluded from religious instruction; but this should not be pushed to any great extent. For the melancholy, kind treatment, amusements, music, &c. Our best way of attacking insanity is to take little notice of the delusion, which will die away of itself, becoming fainter and fainter, as the mind recovers its tone. He believes that those cases which have been reported as being cured by a stratagem were slight cases hardly deserving the name of insanity, or those in which the disease had been treated medically for some time, and was beginning to give way; or else examples of hypochondriasis, or merely nervous affections: all means should be tried certainly, if no harm done. At the commencement of the Reformation in Germany, a melancholic exerted himself night and day, both by conversation and writing, in the defence of the Romish rituals: this cured him, medicine having failed.

BILLING says that many cases of mania are delirium sine febre, and would be aggravated by depletory or sedative treatment.

DR. CALEB CROWTHER says that in the Middlesex Asylum, it was a rule that the keepers should examine the stools and urine, so as to report their character. If, he says, this was done, diarrhoea and dysentery would not be so fatal. There is no bad odour or closeness in the bedrooms of patients insensible to the calls of nature, where chloride of lime is used. Success in the treatment depends upon a minute attention to a number of small matters regarding diet, regimen, medicine, and occupation; and much on the steady, regular, kind attention, and soothing manners of the medical superintendent. Visits of directors are advantageous, being soothing to the patient, by showing him that he has friends: for frequently he imagines himself unjustly confined, and that the officers of the institution are his enemies.

IN the report of the Prison Discipline Society (for 1841), it is said that in the pauper asylum at Boston there is one strong chain, rarely used. Wristbands and confinement to their rooms are the usual modes of restraint. Dr. Conolly, the superintendent of the asylum at Hanwell, uses for patients taking off or destroying their dresses, strong ones secured round the waist by a leathern belt, fastened by a small lock.

For those destroying collars and cuffs with their teeth, a leathern binding for these parts of the dress. For those not lying down at night, warm boots, fastened round the ankle by a small lock. For those who strike or tear, sleeves terminating in a stuffed undivided glove. This, says Dr. Bell, constitutes the reform entitled the non-restraint system ; and, in point of fact, has been the mode of treatment for years in the American asylums. Dr. Woodward uses mittens and wristbands for those tearing and striking, and for the suicidal. For the striking and tearing for a short period only. Pledges of word and privation of privilege he has known sufficient in many cases, and he considers them generally of great importance. At the Maclean asylum the patients on the Sabbath attend various churches in the vicinity. In the afternoon, a sermon is delivered to those unsafe to trust out. In the State Asylum of Ohio, Dr. Ayl, the superintendent, officiates in the evening, and on the Sabbath reads a sermon. There is a regular chaplain at the Connecticut Retreat, and the Massachusetts State Asylum. In the State Asylum of Maine, on Sunday the ministers in Augusta take it by turns to preach : and each evening there are prayers, Scripture read, and a hymn : nearly all the patients attend. Land varies in asylums from twenty to one hundred and twenty acres : an acre to a patient a good rule.

DR. HALL says that the all-important means of cure consists in society, in which decorum and gentleness of conduct are strictly enforced

MILLINGEN.

APHORISMS ON THE TREATMENT AND MANAGEMENT OF THE INSANE, &c
By J. G. Millingen, M.D., Surgeon to the Forces ; late Medical Superintendent of the Hanwell Asylum ; Member of the Ancient Faculty of Paris ; Author of the *Curiosities of Medical Experience*, &c., &c. 1841.

PARALYTICS sometimes, from voracity of feeding, liable to suffocation : such should be put on a spoon diet. Castration been known to cure a lunatic, but such instances cannot lead to any practical conclusion, and can only be viewed as cases of powerful revulsion. Recommends walls high enough to prevent escape ; the possibility of escape being a constant source of excitement to patients who are contemplating the means of getting out. Bedsteads of refractory should be massive, to prevent patients from easily moving them about ; and on each side of them should be slides for straps and buckles to keep down the bedding and enforce quiet. Bedsteads of epileptics to have a strap and buckle, to secure one of their hands during the night : as they will not unfrequently turn on their faces and be smothered : these patients should be lodged on the ground floor, and should wear a padded cap or urban, to protect the head in their sudden falls. During the night the clock should not strike ; as the striking of the hours aggravates the suf-

ferings of the melancholy, who count them with miserable solicitude until the break of day.

It is most essential to discover, if possible, the nature of the mental impressions that may have developed the disease, as moral treatment is to be founded on this. Equally desirable to ascertain physical causes, if such exist. Whatever the cause, removal from their families essential, and to be placed under the immediate control and constant surveillance of a physician experienced in the treatment. No disease requires more constant attention in its early stages : vigilance of physician to be incessant in watching every favourable opportunity of breaking the links of the morbid catenation, to obtain the patient's confidence, overcome their resistance to curative means, and subject them to an appropriate regimen of mind and body. As essentially gregarious, isolation rarely requisite, and generally injurious. In a large establishment the following classification will be found sufficient : 1. The turbulent and noisy maniacs. 2. The dirty, indolent, and slovenly ; demented cases not idiotic. 3. The quiet, tractable, and cleanly. 4. The epileptic. 5. The paralytic. 6. The convalescent, and patients enjoying lucid intervals. In it much discrimination required from the medical attendant. To be abstracted from all morbid impressions and associations connected with their mental aberrations. Occupation of mind and body ; and constant exercise to be enforced. Gardening and various agricultural works particularly. Tradesmen and operatives to be employed in their former pursuits, and trades to be taught to those who were never brought up to any profession. Discrimination as to amusements. Music, dancing, and various games, which may prove beneficial to many, but are frequently of too exciting a nature to be allowed—the same judgment requisite as to books. Aberrations and absurd conversation never to be the subjects of mirth or derision. Should be rarely contradicted, while we gradually draw them from their delusive train of thinking. Great versatility of conversation requisite, and to fly from one subject to another, until we find a gratifying topic foreign to their delusion. Only in religious monomania, opposition wisely managed may be resorted to. Except in cases of violent mania, restraint rarely necessary ; unless to prevent the mischievous idiot and maniac from destroying and breaking anything they can lay hold of. May be occasionally employed as a punishment, the dread of which keeps many lunatics in order. Rebukes attempts to do away with all restraint. However desirable, such a system can never prevail, without much danger to personal security, and a useless waste and dilapidation of property. Objects to strait waistcoats, as impeding respiration. Sleeves of canvass, by means of which the arms are kept loose alongside of the body, are preferable. Leather muffs useful for those always tearing or destroying their clothes or bedding. A restraint-chair advantageous : patients having the free use of their arms and hands, and only prevented from roving about, and committing mischief. Muffling (tying a cloth over patient's head and mouth) not to be allowed. Fear aggravates lunacy, instead of acting as a proper discipline. The utmost kindness far preferable : but whilst kind, a certain degree of firmness absolutely necessary. Should endeavour not to promise what we cannot or it is improper to comply with, at the same time avoiding irritating by a positive refusal ; their demands should be eluded with address. Restraints should be enforced by the keeper after having been ordered or allowed by the superin-

tendent. Keepers to be held in some awe, but the physician should rule by gentle means, and a patient should be taken out of restraint invariably by the superintendent. Politeness of manner essential, as they deeply feel such things; often entertain a high sense of honour and delicacy, which should be always flattered: has met with patients whom restraint could not keep in order, but who became manageable, after pledging themselves to remain quiet. The morose will frequently feel much gratified by such marks of confidence, and will boast of it. Physician should regulate visits of strangers, as sometimes hurtful and sometimes exciting. Every safe amusement to be allowed. Restraints should be resorted to with calmness and steadiness: an expression of impatience and anger will only aggravate patient's violence; a sufficient force to show that resistance is in vain. Physician should have supreme power. He thinks that patients whom the physician considers proper subjects should attend divine worship on Sunday; considering it as a useful occupation of the mind on an unoccupied day, though unprofitable in a religious sense. Judgment necessary with respect to the sermon, and discrimination with regard to the patients; many of those most ardently wishing to attend being most decidedly unfit. If the patient has travelled and obtained some knowledge of a foreign language, conversation in this language, and recalling to their memories scenes in other lands, will frequently be valuable in breaking down a morbid train of thought. Most punctual regularity in the duties of an asylum necessary, as it reconciles patients to being there.

Physical Treatment.—First indication is to meet symptoms of local congestion, especially when a determination of blood is evident in the encephalon. Bleeding, at least general bloodletting, scarcely ever necessary. Collapse from depletion frequently not only alarming, but fatal. Excitement so transient that the pulse is not a sufficient guide. However, when plethoric, and an evident increased impetus in the cerebral vessels, moderate bloodletting. Leeching or cupping more advisable; from the temples and back of neck: leeches applied repeatedly, and in small numbers, and aided by warm fomentations. When subject to epistaxis, and seeming to suffer from its suppression, leeches to temples and nostrils. When catamenia irregular, leeches to labia of essential service: to be placed close to each other, and in great numbers. In mania with hysteria, this of great advantage. The artificial discharge to be resorted to when the catamenia are expected; after the application, the warm bath, with cold to head. In suppressed hemorrhoids, leeches to the margin of the anus repeatedly applied. When cerebral determination is evident, care, before bleeding, to ascertain the state of the circulation. Carotid artery may be found to pulsate with apparent strength and fulness; but if easily compressible, and the radial artery is feeble, general bloodletting inadmissible. When pressure on the jugular vein produces a sense of heaviness in the head with pain, but these symptoms cease the moment the pressure is suspended, bleeding is dangerous. When the extremities are cold, the skin clammy, the tongue furred, cold and tremulous, with tremour of the limbs and rigour, notwithstanding the symptoms of cerebral congestion, general bloodletting is dangerous. In puerperal madness, general bloodletting not advisable. Mania not unfrequently assumes the character of dementia and fatuity after imprudent bleeding. Pinel says, "Bleeding is an evacuation so rarely employed in the Salpêtrière, that it may be considered an epoch in the treatment.

How many patients also we see cured, without having been bled, and how many have been bled and remained incurable!" When there is much excitement and increased action of the heart and arteries, it will be found that *aconite*, in fractional doses, will procure a state of calmness more rapidly than detraction of blood: the endemic inspersion should always be aided by counter-irritation in the intestinal tube. Great excitement frequently arises from the want of sleep: here the salts of *morphia* will frequently procure rest; endermic method preferable, producing a slight vesication on the back of the neck, sprinkled with acetate of morphia. When considerable determination to the brain, cold applications to the head, while a slight pressure is made upon the carotid arteries, will often relieve the excitement. Arterial pressure a powerful agent in brainular excitement, which is mostly transient.

Emetics useful when there is a torpid state of the system, more especially in cases of melancholia connected with dyspeptic affections: Haslam confines their use to such cases. Best mode of exhibition a solution of tartar emetic in water, in small doses, until vomiting. Where any cerebral excitement, with predisposition to paralysis, emetics of a doubtful efficacy, and have not unfrequently been followed by fatal effects. Although tartar emetic as an emetic may be hazardous in many instances, as a nauseating medicine, it is often highly beneficial. A solution of about $\frac{1}{4}$ gr., or even $\frac{1}{16}$ gr., in a quart of water, two ounces of which to be given from time to time in the course of twenty-four hours, most efficient, especially in mania. Calmness by exhaustion from emetics to be viewed with caution, as not unfrequently the precursor of cerebral congestion and effusion.

Drastic *purgatives* require much caution, as they will often increase the excitement which they are exhibited to relieve. Are useful in epileptic cases, and in cases of sudden determination to the head of blood; when constipation has been obstinate, aloeties the most efficacious. The compound colocynth pill is also a valuable medicine. Croton oil is to be used with reserve, as he has observed frequently increased cerebral excitement, with stupor after it. Compound powder of jalap also a useful purgative. As purgatives are frequently followed by a state of obstipation, it is necessary to keep up a steady action on the intestinal tube, and here laxatives are indicated; bowels may be kept open by a solution of cream of tartar; when this is insufficient, a solution of sulphate of magnesia, \mathfrak{z} i. in sixteen ounces of infusion of roses, to which is added $\frac{1}{16}$ gr. of tartar emetic, in doses of two ounces four times a day, a valuable adjunct. Preparations of mercury, more especially calomel, should be used with caution; they act upon the nervous system, and frequently increase the despondency of the melancholic. Laxative injections should be frequently used; the best form, perhaps, simply soap and water; turpentine glysters sometimes prescribed, but generally produce great excitement. When violent drastics have failed, laxative articles of diet have procured the desired effect, as stewed prunes with senna leaves. In the south of France has seen the tomato, or love-apple, employed with singular good effect: an extract of the tomato a most valuable medicine. In dyspeptic and melancholy cases, the compound rhubarb pill, given repeatedly and in small doses, will be found most effectual; in these cases has found castor oil injurious, as it will often bring on a troublesome, if not fatal diarrhœa. Elaterium should be prescribed with great caution, as it will often bring on an incurable diarrhœa, es-

pecially in cases of dementia and melancholy. In hysteric females, a suppository of soap and aloes, with one drop of croton oil incorporated with it, has relieved the most obstinate constipation. Bowels of the insane more prone to diarrhœa than constipation, and here reprobates constant purging. Drastics only when milder medicines have failed, when the tongue is foul, yellow on the edge, and brown in the centre. Air and exercise with laxatives to obviate costiveness; and it will generally be found that the bowels will become regular as the cerebral excitement decreases.

Exhibition of opium requires much discrimination. Injurious in cases of cerebral congestion and great vascular action, as it will often occasion phrenitis. Never to be given if premonitory epileptic or paralytic symptoms. When no great excitement, and the pulse is small and weak, not only with safety, but evident beneficial results. To the sleepless internally, will rarely produce repose; more effectual oftentimes externally. Acetate or muriate of morphia on the blistered surface of the neck or epigastric region. Battley's sedative solution best mode internally. When indicated, should be given in large doses, gradually tried, and at intervals. When, after its use, patient awakes in a state of increased excitement, it should be given up.

Hyoscyamus, belladonna, and conium, have produced rest, when opium has utterly failed: of these, has found belladonna most beneficial. Extract of belladonna externally in the endermic method, often very effectual in reducing excitement, more especially when applied to the epigastric region. Extract of lettuce of no use in his experience. When calomel or blue pill is given, it will be found beneficial to combine it with hyoscyamus.

On digitalis can place little reliance; confinement in a recumbent posture necessary to assist its action, as he has rarely found it depressing the circulation when the patient was allowed to take exercise. Has noticed apparent favourable results when combined with camphor; but difficult to say which calmed. Large doses inadmissible, as they produce dizziness, vertigo, and increased cerebral determination.

Camphor most valuable, but requires discrimination; not advisable when cerebral excitement, with a hot, dry skin, full pulse, and wild countenance; but when much uneasiness and restlessness, with a low, weak pulse, and the skin is cold and clammy, will be found most beneficial combined with liquor ammoniæ acetatæ. Has often prescribed it with great advantage when symptoms of low nervous fever; however, it has been overrated.

Never observed any decided advantage from musk or asafœtida. But where connected with hysteria, ammoniacal tincture of valerian valuable. Blisters often beneficial, especially in mania and melancholy: in the former as a revulsive; in the latter, their irritation diverts the mind from morbid train of thought. Blisters to head highly injurious, increasing excitement, and preventing application of cold, one of the most powerful auxiliaries. On the approach of an epileptic fit, a blister to the back of the neck will often shorten the duration of an attack, and render it less violent. The actual cautery has been known to correct the morbid aberrations of the monomaniac affected with demonomania, the pain excited drawing their attention from their melancholy apprehensions. An iron of a globular form, at a white heat, should be momentarily applied to the mastoid processes. Has been known to cure patients who fancied

that they heard various menacing voices denouncing perdition and celestial wrath. Setons of little avail, except in cases where paralysis is apprehended and vision impaired. Most advisable in the neck. A steady counter-irritation kept up on the back of the neck by the tartar emetic ointment, or other stimulating applications, of much benefit in recent cases, more especially when a maniacal type has been assumed. Counter-irritants of great service when any eruption has disappeared; indeed, they are beneficial in all cases of metastasis. When a tendency to coma and lethargy, mustard cataplasms to the lower extremities of great service; but care sinapisms are not left on too long, as there is a tendency to sloughing in most of these cases. Blisters of essential service in puerperal madness. Says the lotion employed by St. John Long has often proved most effective in mania (this we believe was composed principally of *ol. tereb.* and some mineral acid.—G.). One of the most powerful agents to equalize the circulation is the warm bath; but should be aided by the application of cold or ice to the shaved head, whilst the body is immersed in the bath. The douche, with a rose-bib, a valuable method of directing a broken stream of water to the head. The shower bath, or a spout douche, should be used with much caution. When there is great cerebral determination, their employment is followed by a reaction, which is not unfrequently alarming, and increases the excitement which it was intended to check. An imprudent affusion has been followed by paralysis. Friction of the lower extremities, while the patient is in the warm bath, is often very beneficial, especially in hysterical females. In general, should remain in the warm bath for about half an hour, but care lest the degree of heat such as to occasion vascular excitement. Best method of applying cold water or pounded ice to the head, a double linen nightcap dipped in cold water, or between the folds of which the ice is to be introduced; found it practised at Hanwell when appointed superintendent. The wet cap should be removed every ten minutes, the abstraction of heat being amazingly rapid. It will be found that some points of the head are hotter than others, and when the douche is used, the stream, either from the single spout or through the rose-bib, should be directed to those parts. Should always be recollected that the douche occasions severe pain, and that the terror of the patient arises from the agony it inflicts. Esquirol describes it as though a column of ice was broken on the parts, being more supportable on the occiput than before. His head seemed benumbed an hour after the application. When any point on head feels hotter than others, care to ascertain if no circumscribed puffiness of the integuments, or that they are not loose or wrinkled: here probably the membranes of the brain are inflamed, and the douche should be suspended. Cold water or ice may, however, be safely applied, and a blister to the back of the neck is also admissible. Irritation of the scalp sympathizes with the membranes of the encephalon, and requires attention. In profuse leucorrhœa, the rose-bib douche on the lumbar region most beneficial. In uterine excitement, and when complicated with mania, cold water and ice to pudenda and inner and upper part of thighs advantageous; enemata of cold water in large quantity also useful. These cases, frequently attended with a papular, and sometimes a vesicular eruption about the labiæ, with more or less excretion, and the secretion of a most unpleasant fetor; best application an infusion of green tea, which should also be injected in the vagina. In elderly and married females, a pessary of great advantage in calming

uterine excitement, but in young married females leeches produce singular good effect. In many of these cases, young females more especially (when the catamenia are not regular), express a desire for pressure: pressure upon the pubes by the clinched hand of the nurses, often procures immediate relief, and may be very violent. In furor uterinus, has directed an opiated suppository with evident success. Plunge bath a dangerous method of treatment, and should be used with great circumspection, if not altogether abandoned. Sudden terror may be attended with benefit, but too dangerous an experiment. Esquirol ridicules the bath of surprise, and reprobates rotatory motion. Baths, shower baths, douches, should never be confided to the servants, but used in the presence and under the immediate direction of the physician: never after a meal. The shower bath should never be used as a punishment, it being a powerful agent, and either useful or injurious medicinally. Cold bath rarely beneficial, although he has used it with apparent advantage in patients debilitated by masturbation. In these cases a shower bath on the lumbar region also of service. In most patients injurious, as proved by their shivering on coming out. Rotary motion he thinks of little advantage, and injurious in many cases, particularly if present cerebral congestion: small doses of ant tart will diminish vascular excitement better: and terror he is against.

Diarrhoea one of the most frequent and fatal complications. Generally makes its appearance in the weak and debilitated, and not unfrequently after drastic purges; from improper and scanty diet of a liquid form oftentimes. When pain and tenesmus, small doses of castor oil repeatedly given, with a few drops of the tincture of opium, beneficial, and starch glysters, with opium in small doses, tend to check the tenesmus. A suppository of soap and opium has succeeded when other means had failed. When no pain, and the stools are watery, tincture of rhubarb with some astringent, as tincture of kino and catechu, should be exhibited, with the chalk mixture and the pulv. hydrargyri c. creta. Has found a strong decoction of the rind of the pomegranate very beneficial. Pinel considers the decoction of the *rubus dumetorum* a valuable remedy. A dose of Dover's powder given every night is also advisable. *Dysentery* not an unfrequent complication: frequently from irregularity in diet: sometimes attended with nausea and vomiting, often of a stercoraceous character. Here has found a blister to the stomach of great advantage, acetate or muriate of morphia being sprinkled on the vesicated surface; small doses of creosote have also relieved the urgency of the symptoms. Both in diarrhoea and dysentery, demulcent drink and rice water should be freely given. Has found barley water to increase the disposition to flatulency. *Profuse perspirations* during the night not uncommon, and in general symptomatic of hectic fever. Has found phosphoric acid, in an infusion of roses, more effectual than the sulphuric. Fractional doses of the muriate of gold highly beneficial in checking night-sweats. *Suppression* and *retention* of urine frequently occur, and although in the sane there is here excruciating pain, yet lunatics have died without the malady being observed during life. Of great importance, therefore, to ascertain whether the urine is regularly voided. In some cases of ischuria and dysuria, drops of urine will dribble in the bed, and wet the bedding; leading to the idea that the discharge of urine is free, where there is fatal retention: prudent, therefore, in all such cases, to examine the state of the bladder.

In *puerperal madness*, the lancet should be used with the utmost caution, if its use is indeed ever indicated. If cerebral congestion, leeches more effectual and safe. Blisters to nape of neck; afterwards sprinkled with acetate, or muriate of morphia. After the bowels have been freely moved, opiates of the greatest advantage. Bauley's sedative, or the salts of morphia, the best preparation, and the latter should be introduced by the endermic method; to these hyoscyamus is a valuable addition; and when vascular excitement is high, small doses of aconite also advisable; mustard sinapisms at the same time to the legs and feet, and inner part of the thigh. When there has been a suppression of the lochia, a slight pressure upon the crural artery, by a tourniquet, might prove beneficial. Emetics of service, but should be exhibited with much caution, especially when the face is pale, the skin cold and clammy, a quick and weak pulse, with great mental depression. Purgatives in general most useful; amongst these, castor oil, followed by repeated small doses of calomel and rhubarb, often most beneficial. Hyoscyamus, with camphor and belladonna, valuable. The hyoscyamus may be given in extract or tincture, a drachm of the latter at night. Chief indications, to keep down excitement, and overcome the characteristic constant restlessness. Ammoniacal tincture of valerian of great service when the excitement has somewhat abated. A light but nutritious diet absolutely necessary; good broth at short intervals, with Port wine and water, or claret, and, as convalescence progresses, ale and porter may be allowed, with animal food of easy digestion. Removal to an asylum rarely necessary, and generally imprudent, but should be carefully separated from their relatives, and kept from all sources of irritation. However, when, in her delirium, patient calls for her infant, and fancies it has been murdered or stolen, it may be brought to her. Must endeavour to recall the secretion of milk, and draw it off frequently. During convalescence, tonics and stimulants necessary, but we must be guarded in exhibiting bitters, such as gentian, quassia, which very frequently bring on severe headaches.

From the foregoing observations, we may resume the medical treatment of lunacy in the following order: 1. To keep down excitement by gentle antiphlogistic means, that are not likely to debilitate the patient; 2. To keep the bowels regularly open; 3. To diminish cerebral excitement by the local abstraction of heat and topical bleeding; 4. To produce revulsion by counter-irritants; 5. To procure rest by such narcotics and sedatives as may appear best suited to the case; 6. To endeavour to equalize the circulation by warm baths, and the occasional application of cold; 7. To combine a proper diet with the therapeutic treatment. Exhaustion of excitement and agitation necessitates a liberal diet, abundant in quantity and of a nutritious quality. In general they require more nourishment than a healthy person. Eating little and often preferable to three meals, and it would be desirable that they were fed every three hours. Dietary should consist of half a pound of meat (without bone) four times in the week, with a pound of bread every day, to which should be added a pound of potatoes. Soup, unless thickened with barley and rice, an improper article, and to fluid aliments diarrhœa is mainly to be attributed. On days when meat is not issued, cheese, and dumplings also, a nourishing article of food, when bodily health is good. Meat, beef and mutton; pork in any form improper. Veal and lamb also objectionable. Good table beer and draught porter should be

allowed at dinner. Gruel may be a good breakfast and supper in general, but as it disagrees in many particular cases, it should not constitute the breakfast of every patient. Bread and cheese will frequently be found preferable. Tea rarely to melancholy and monomaniac patients. Coffee in many cases also objectionable. Wine and spirits rarely required, except in great debility and old age. Great care that they consume enough salt, and as they will frequently not use it of their own accord, it should be sprinkled on their food. Stimulating condiments also necessary, as pepper and mustard, and a sufficient quantity of Cayenne pepper should be invariably put in their soup and served out with vegetables. Vegetables of a flatulent nature should be rarely served, such as cabbage and turnips; potatoes, carrots, and parsnips preferable. Fruit of a wholesome description should be freely given, and in winter stewed prunes and baked apples, being agreeable and laxative. Except where indicated, milk not a healthy article; when cold it frequently produces diarrhoea, and when hot will often cause constipation. Diet should vary according to their distribution and classification. Patients on a particular diet should be kept together, to prevent jealousy and irritation amongst them. Objects to a general scale, as being unsuitable to many. When they obstinately refuse food, and seem determined to destroy themselves by starvation, force sometimes necessary, but coercion rarely required. When practised, should be under the immediate eye of the medical attendant. Various instruments been invented, but the best, perhaps, the screw-gag: the spouting-boat should not be employed. When the patient obstinately clenches the teeth, the nose may be pinched, or some snuff given: the jaw being opened when sneezing takes place, a spoon or gag is introduced; where one or more of the grinder teeth are wanting, a curved tube may be introduced through the aperture, through which liquid food can be poured. Quiet and orderly should take their meals in a day room. Has seen patients who have obstinately refused the diet of an asylum eat with voraciousness toasted cheese or a red herring. H. D. would not eat anything for several days; at last said he would like a beefsteak with mushrooms: immediately prepared, and afterwards he regularly took the usual food of the establishment. Refusal of meat often owing to patient's being a Catholic, and to consequent religious delusions and fears; in such instances interference of a priest often induces eating. In some cases when the food is rejected by spitting it out, the stomach-pump may be used with advantage. Knives and forks as at Hanwell and other asylums; knife blunt and prongs of fork short. Ivory and bone knives show distrust. When mastication or deglutition is difficult, food should be minced up, rolled into forced meat balls. Very requisite with idiotic and paralytics, who must be fed with a spoon. Keeper should feed such, and not fellow-patients. Rich should be separated from poor, as better diet and dress excite jealousy and irritation. Snuff and tobacco preferable as a reward for labour to any alimentary recompense, as less calculated to excite jealousy. If a better diet to labourers, should receive it separate from others who *cannot* work. Engagements to be religiously fulfilled.

DR. JOHN WEBSTER observes, that when dangerous to others, or likely to inflict injury upon himself, restraint may become necessary.

DR. JACOBI recommends that convalescents should not be removed from the class in which they were originally placed. Speaks of masks for those who gnaw their clothes. Music promises to be a powerful means: hand-organ best. Strait waistcoat useful in the hands of the judicious. For calming and strengthening the mental powers, reading, writing, arithmetic, geography, philosophy, and the high mathematics. Should be seven classes: 1st. The raving and violent. 2d. The noisy. 3d. The dirty. 4th. The hurtful from some propensity. 5th. The melancholy and suicidal. 6th. The quiet. 7th. The convalescent.

IN the Utica report for 1841, Dr. Bell says: On admission, we make their friends tell the patient in our presence where he is, that he was brought here as a lunatic, that his stay will depend on the physician's judgment of his condition, and that his privileges will necessarily depend on his conduct and self-control. Placed at first in the intermediate gallery between the highest and lowest class of patients. Mr. Read says, that in St. Vincent's Hospital, at Baltimore, they prefer linen mittens to those made of leather, as less liable to stretch. Usual mode of restraining the violent, a sort of sleeve, attached to a frock body, made to lace up behind like a lady's corset. Sleeves some inches longer than the arm, closed at the end, drawn around the body, and fastened behind. Festoons in front to support the arms, as in slings. To hide it, a female dress may be thrown over all. No confidence in pledges. Where the patient is too sullen for labour, some slight bodily annoyance, as a blister, cupping, or a mild cathartic, to engage their attention. If anything is prohibited by way of censure, soon after anticipate their wishes by supplying some gratification, so as to gain their like. Carry them shopping and to mass.

Dr. Brigham says, not unfrequently the timely remarks of the chaplain have given hope and encouragement to the melancholy, and aided us in their treatment.

Dr. McDonald recommends a reception room or room for observation, so as to view them when they think themselves unobserved. Teaching them.

DR. KIRKBRIDE says, in his report for 1841, that in the institution over which he presides, the attendants call for medicine at physician's office half an hour before breakfast, i. e., 6 A. M.; find it in cups labelled with patient's name: at noon, i. e., half an hour before dinner, and at 7½ P. M., i. e., an hour and a half after tea. If patient refuses it, medical officer is informed. General health being restored, many have recovered promptly; others have required a very chronic course of treatment, and in some, we have seen no indications of giving medicines of any kind (mostly recent cases here). Each takes the warm bath at least once a week. One of the gardeners, before he commenced outdoor work, rarely more than a month without a period of excitement, mischievous, and requiring seclusion; no occurrence this summer. Cared little for the kind of work, and whatever object appeared most likely to excite a new train of thought, has received our approbation. Reading

the Scriptures on the Sabbath of forty minutes' continuance. Mittens of canvass or leather; soft bands about ankles in rare cases. Two patients have been kept on their beds with much advantage, by an apparatus of leather.

WESTMINSTER REVIEW. 1842.

NON-RESTRAINT.—Three distinct opinions now govern treatment of insane. 1. Old system; from horrid brutality of Constantinople, to the much modified coercion of Bethlem and St. Luke's. 2. Degree of bodily restraint limited and checked by superintendent: occurs in five per cent. of all the patients; in this class York Retreat, and many private as well as minor asylums. 3. In which *all* personal restraints are entirely abandoned in all cases. Palermo, Hanwell, Lincoln, Northampton, and Lancaster, among the most noted instances of this. At Palermo, executive management of the establishment conducted entirely by the patients themselves. Admirably laid out gardens, which they cultivate and keep in order; and a theatre in which they perform plays, and which was built by themselves. Regular balls once a week, which they frequent. Only means of restraint, secluding them in their rooms. Such means effectual for their preservation and that of those around them. Asylum contains 100 patients. At the Lancaster asylum, magic lantern in winter months, source of much enjoyment. Although such means of keeping up attention more necessary and useful in particular cases, yet in all have a beneficial influence. Music and dancing, so far from causing over-excitement and restlessness, seem to be followed by increased quiet and more natural repose. Most festival days, occasions for a general assemblage of the inmates in their respective department, who dance to the music of one of the patients, dressed in gala costume, on the violin. These things, though trifles, are at all times important in treatment, and still more so where the patients are undergoing a change from a system of coercion to one of comparative freedom. Much of the excitement liable to arise in patients who have been subjected to restraint has been averted by these means. A daily and several weekly newspapers taken in, and everything is done to divert the mind from diseased thoughts. At Hanwell, above 900 lunatics of every grade and degree of insanity wholly exempt from personal coercion. Solitary and occasional seclusions, the resort in cases of extreme paroxysm. The one principle, avoidance of irritation, and the unwearied appliance of every soothing influence. Mrs. Bowden, the matron, states that previous to September, 1839, there were 41 cases under constant restraint, leg-locks, muffs, restraint-chairs, &c. All liberated before end of month, and not one in restraint since. Thirty-seven yet in asylum, and not one but an instance of improvement of the mental faculties or habits. Some considered dangerous at all times, now occasionally seen at the work-table, smiling and pointing out what they have done. Some sinking into dementia or imbecility, now lively and talkative. Observed in the Lancaster report, that in every instance of being freed from restraint, considerable improvement resulted. In some cases, so striking a change had taken place in habits and general appearance, that in a little while they were with difficulty recognised. Substitute

for coercion at the asylums which disuse restraint, seclusion. Mode at Hanwell thus enjoined: must be strongly enforced upon attendants, that it is their business to prevent mischief, and not to punish it. Must be habituated when persuasion fails to act steadily and systematically together, without words and prolonged struggle. Whenever required to collect, to seclude a dangerous patient must assemble quickly and quietly, no controversy or useless contradiction, and the purpose being accomplished, must disperse quietly. These are directions continually acted upon: and the effect is considerable on the patients, who are satisfied that they will not be unnecessarily interfered with; but when interference is necessary, it is sure to be effectual. Seclusion similarly adopted at the Lancaster asylum. In all cases of violent excitement, if gentle persuasion fails in subduing irritability, removed as carefully and mildly as possible to his own room, where he is left alone, or, if circumstances require it, to a room into which is admitted a subdued light, and prepared so that he cannot injure himself. Being short as practicable, patients in general admit its justice, evincing such admission by their future good conduct. At Lincoln, the still milder remedy, of merely holding the patient quietly, but powerfully. Bodily power of attendant employed solely to prevent direct mischief, the patient being permitted otherwise to indulge his whims and dispose of his accumulated irritability. Peculiar benefit, that the attendant, for his own convenience, will cease from interference, the first moment that it can be dispensed with. When a patient has been held by the hand ten minutes, a report is made to the house surgeon, who orders and makes a minute of any farther detention he thinks necessary. Mr. W. Smith, the house surgeon, writes, Jan. 7th, 1842,—Practice of non-restraint firmly established at Lincoln. Some months ago commenced experiment of abolishing seclusion or solitary confinement, and it is gratifying to report that not a single instance of seclusion has occurred since 14th September last. Altered condition of patients, and absence of irritation and violence, so frequent in the wards when seclusion was largely employed, has been repeatedly commented on by persons visiting galleries. Patients now entertained by music and dancing once a month, and the most violent usually allowed to be present. Visitors of both sexes, to a limited extent, also admitted, and confidence so great, that young and delicate females freely join in the dance with some of the occasionally most violent patients without the slightest apprehension. Mr. Tuke rather against the non-restraint system. Dr. Conolly observes, that he has not yet met with one related case, with one imaginary combination of danger and difficulty of which he does not know, from actual observation, that the management is practicable and the evils avoidable, without recourse to such measures. Retreat Report observes, to treat them, in fine, as much as possible, as though they were sane, and as responsible beings, the basis of moral treatment.

M' C O R M A C.

METHODUS MEDENDI, &c. By Henry M'Cormac, M.D., Consulting Physician to the Belfast Hospital, &c. 1842.

Article—*Mania*.

Case.—Hypochondriasis : an intelligent young man ; was convinced of successive incurable disease in the lungs, brain, liver, bowels, and kidneys. One day said he was quite black, and about to die : but slept well, appetite and digestion good, and no corporeal disease. After lasting a year, aperients, change of scene, horse exercise, and reasoning being all in vain, I at last successfully combated disease, by representing how ridiculous it was for one who ate, drank, and looked well, &c., to imagine he was about to die ; and that even if apprehensions were well founded, pusillanimity was disgraceful. *Case*.—Chomel mentions a physician who, after examining the bodies of some persons bitten by a rabid wolf, conceived himself inoculated. Sleep and appetite were lost : and for three days he wandered through the streets in despair, till his friends persuaded him that he was under the influence of the imagination. In cases of decided mania, Tuke, Burrows, Cox, Haslam, Willis, Foville, Georget, and Pinel are in favour of seclusion. As surrounding an insane person with the sane is hardly practicable, the next best thing is to separate the violent from those otherwise—the raving mad from the convalescent. Considered best not to bring together those labouring under similar delusions. A great change in the moral treatment at present : strait waistcoats, padded iron collars, cumbersome leather muffs, belts with manacles, handcuffs, iron wrist and leg locks were resorted to. At Bethlem up to 1815, handcuffing, besides chaining closely to the wall, in force. At Palermo, in the asylum founded by Baron Pisani, in 1824, corporeal punishment or undue restraint is unheard of, the patients manage the affairs of the establishment, cultivate their own gardens, perform in a theatre built by themselves, and have balls once a week. At Siegburg, Jacobi states regulations similarly humane. At Lancaster, the magic lantern, music and dancing, weekly and daily newspapers. In the Belfast establishment under Dr Stewart I witnessed with much interest the patients dancing and enjoying themselves, to the sound of their own music ; industrial occupations here instead of harshness. At Hanwell, since 1839, 900 patients, of every gradation of insanity, are entirely exempt from personal coercion ; solitary confinement, and that in extreme cases, is the only resort. Prior to 1839, 11 in constant restraint ; fourteen almost always fastened in chairs, twenty in strait waistcoats. Some strapped to chairs, leg-locked, and in strait waistcoats at the same time. These were all liberated ; thirty-seven are yet in the asylum, in all of whom the faculties and habits are improved. Some considered dangerous at all times might be seen smiling at their work ; others sinking into dementia, have rallied. This system, continued by Dr. Conolly, was commenced by Dr. Ellis, under whom the apartments were rendered warm, light, airy, and comfortable, &c. Mr. Hill has discontinued personal violence at Lincoln, for three years, without a single accident, substituting kindness and unceasing watchfulness day and night ; in the Lancaster asylum, the condition of the patients was, in

every case, ameliorated by the removal of instruments of coercion. Dr. Prichard, of Northampton, having received a person in the asylum chained and manacled, removed the instruments. A little after he begged that they might be replaced, as he was going to be furious. Was received with a smile, and told to begin as soon as he pleased; he was afterwards quite manageable. A lunatic threatening violence, should be made to know that he is not his master; and for this purpose an imposing force should be at hand, if needs be, to pounce upon and restrain him. When such a one has made himself possessor of a knife or other weapon, trying to disarm him by address is best; the superintendent fixing his eye so as to arrest his attention, may advance steadily forward, while assistants coming up behind, secure the patient. An envelope, as auxiliary to this purpose, is sometimes thrown over the head. Esquirol has more than once seen patients long deprived of sufficient nourishment, lean and wretched, whom sound regular nourishment, baths and bitters, in a short time restored to a surprising degree of health and reason. At the Salpêtrière, the nurse even carried bread around at night; as a refusal induced anger. Calmeil mentions a girl completely exhausted by repeated leeching and prolonged low diet. Her voice was extinct, her eyes dull and stupid, urine passed involuntarily, and her moral and intellectual faculties reduced to a nullity. A few months' succulent food, with care and attention, restored her to health and reason. A few conceive that they have received a divine command not to eat. Here the stomach-pump, through one of the nostrils, enables us to introduce milk, wine, and soup; a procedure certainly preferable to the shocking practice of knocking out the front teeth. Patients finding that they can be made to live, sometimes yield; others have been persuaded by an imaginary voice, as if from on high. Pinel has found the cold shower bath or *douche*, the patient being seated in a warm bath, to subdue the most obstinate and render them controllable. Used principally, however, by Pinel and Esquirol, as a remedial measure, &c. Foville, with whom it succeeded beyond his expectations, sometimes used it twice or thrice daily; but, in place of the *douche*, preferred a cold sponge, or bladder filled with ice, to the head. Patients whose violence nothing else sufficed to calm, and whose obstinate sleeplessness no other means contributed to allay, not only became tranquil, but slept five or six hours after the first day of this treatment. He has thus removed, perhaps in three or four weeks, acute and sometimes violent mania, monomania, and dementia; and thinks it the best resort in recent cases. Busser, of Wohlau, applied pounded ice in a bladder several times a day to the shaven head of a puerperal maniac with success. Rotary chair of Darwin and Cox is now rarely resorted to. Music often proves useful, although I should hardly countenance the recent experiment of taking a crowd of patients to a public theatre. A subject in the Salpêtrière plunged in the deepest melancholy, was so excited by lively music, as to dance and waltz till completely exhausted. Placed in bed, perspiration, followed by deep sleep, ensued, and the patient was cured. Of all the different means, however, commend me to constant, moderate, steady employments of the intellectual, and, so far as may be, of the effective powers, with regular daily muscular effort, so as to induce slight fatigue. Ellis has warmly advocated industrial occupation. Mr. Fletcher, consulting surgeon to the Gloucester Asylum, conceives that literary composition, when available, exercises a most benignant influence.

Rush had a patient who, by transcribing notes, got well. At the Dumfries Asylum, the occupation of amanuensis, Dr. Brown states, has been followed with considerable advantage. The gentle, conciliatory language to be employed not inconsistent with the requisite firmness and decision. Burrows justly esteems tact the principal moral measure. Haslam correctly observes that different pursuits engage attention and minister to enjoyment, varying with the culture of the intellect. When no access to such, indifference and stupor are too apt to ensue; and it cannot be doubted that, as regular habitudes of thought and moral discipline are good for the healthy mind, so the same, with sufficient amusement, under proper management, will benefit the insane. Religious instruction, in the Glasgow Asylum and elsewhere, has carried consolation and comfort to the minds of the patients. Lectures on amusing and interesting subjects even, as chemistry, natural philosophy, astronomy, might in some instances prove useful. They should be treated with consideration and respect; they do not because insane, if in that class, cease to be and have the feelings of ladies and gentlemen. Manual labour, gardening, and, in fine, every species of physical exertion, without doubt, says Foville, are among the best means of soothing the insane. Agricultural pursuits, I think, cause serenity of mind, and few tillers experience insanity, except from drink, &c. A sufficiently large garden, with lathes, forges, carpenter's benches, and so forth, in doors, should be attached to every asylum. Ladies and gentlemen, under pretence of horticulture or floriculture, might be induced to dig a little, so that with cricket, bowls, ball-playing, gymnastics, perhaps riding and rowing, pursuits might be adapted to every grade of life and form of disease. Quotes Georget's three rules of moral management. The *medical treatment*, irrespective of collateral disease, is matter of chance medley; we may sometimes succeed, but much oftener fail. The perturbation from a particular remedy may sometimes remove the complaint, but we cannot calculate on the recurrence. Acute and chronic concomitant affections to be treated as in other cases, only seeing that the patient does not undo bandages, &c. Bleeding, says Cox, may be esteemed an important remedy, but the lips of the orifice must be secured by adhesive plaster. Rush and Haslam are tardy in favour of bloodletting; Esquirol, however, not to speak of Haslam and Foville, while he admits, with Pinel, its occasional ill effects, would confine it to plethoric cases, and those which involve suppression of some accustomed discharge. Excitement of insanity, flushed countenance, &c., cannot be relied on as an exclusive indication. Like other perturbing remedies, however, venesection has occasionally been found to answer. Joseph Frank obtained a cure in a case of mania, by drawing four pounds of blood. Venesection in delirium tremens, or mania from drink, would of course prove destructive. Cox relates two instances in which emetics removed the disease. Burrows found nauseating remedies useful in furious mania; in melancholic cases, emetics. Tuke derived advantage from the latter; but Haslam knew them to induce paralysis. Prichard avers that nauseating doses of antimony and ipecacuanha are always safe. Purgatives in great vogue with some, used in hoary antiquity. Hippocrates speaks of hellebore as employed by the oldest practitioners. Thomson administered two drachms, his successors four. Esquirol, apart from their efficacy in relieving gastric or internal derangements, avers the utility of purgatives in puerperal mania, and Foville suggests aperients, such as

eroton oil, which prove active in a small compass. Digitalis found advantageous by many: some wonderfully resist its influence, but always best to begin with a small dose. *Case*.—A young man, recent mania with hallucination; found him about two in the morning in a heated apartment, with candles burning, and anxious relatives pacing about. I ordered out the lights and fire, regulated the crowd, and speaking a few soothing words to the restless and greatly excited youth, induced him, the first time for several nights, to lie down. Administered an aperient, and next day, every two hours a spoonful of saline draught, containing a notable proportion of tartrate of antimony and tincture of digitalis, keeping him, with the best effects, for some time under its influence; was subdued in a few weeks. These means, with change of air and scene, mildness, and sedulous attention, I found similarly useful in two cases of acute mania in the opposite sex. Sander, a German practitioner, adverts to a young man who was freed from mania of two months' standing, in a few days, by large doses of the infusion of digitalis; the brain and bowels were greatly disordered. Opium is not generally approved of; but I can conceive cases of maniacal delirium with sleeplessness and exhaustion, in which it might prove expedient. Mercury pushed to salivation, has been occasionally known to produce recoveries. Percival found turpentine useful; and camphor, in forty-grain doses, has been alleged successful. Burrows, who tried it with henbane, does not speak encouragingly. Finally, it is stated by Willis, that tonics formed the basis of his uncle's and grandfather's treatment. In a case of mania, the subject being stout, the disease was aggravated by a stimulating diet; but venesection and cold lotions to the head having suppressed the excitement, abundant nourishment and tonics effected a cure. Foville has found the tartar emetic ointment useful, applied behind the ears, or on the hairy scalp, in cases tending to chronicity. In several cases in Esquirol's practice, Foville saw reason return by degrees, from the date of the suppuration—produced by the actual cautery. In the following, however, we would refer the improvement to moral causes. *Case*.—A young girl who paid no attention to anything; the preparations, however, greatly frightened her: and when she felt the hot iron, was so terrified as to escape from the hands of those that held her. For five minutes enjoyed all her reason, and entreated that she might be spared. Esquirol consented, provided she conducted herself properly, and was willing to work. She promised, and kept her word (Hill says maniacs rarely fail in this respect), was forthwith transferred to the convalescent ward, and became shortly after well. Two women who had been in a state of stupor for a year, and on whom this operation was performed by Esquirol, assured Georget, they had felt as if a torrent of fire were running through their frames, and from that time reason returned.

WINSLOW.

ON THE PRESERVATION OF THE HEALTH OF BODY AND MIND. By Forbes Winslow, Member of the Royal College of Surgeons of London, &c. 1842.

SIR HENRY HALFORD says, "If medicine be less useful in the confirmed stages of insanity, it is also little so in the advanced stages of other chronic disorders. In cases of incapacity of the joints, with painful swellings upon them, from chalk stones, after repeated fits of the gout, medicine has no effect upon these depositions; yet this is no argument against the use of medicine in the first attacks of gout, to prevent, if possible, such dismemberment and deformity. Again, in the instance of palsy, when a patient has lost the use of half his body, in this stage of this complaint, medicine has very little sensible effect upon it; but if the patient be assisted in the earliest attacks of his malady, whilst under apoplexy—which generally precedes palsy—not only may his life possibly be saved, but the paralytic symptoms prevented altogether, or at least considerably mitigated."

In the treatment of insanity, melancholy, and other almost exclusive affections, everything depends upon the physician's paying strict attention to the regulation of the mind and feelings of the patient. Insanity from erroneous views of religion occurs most frequently in young persons of acutely susceptible feeling, and requires the most delicate and cautious management. Two erroneous modes of treatment adopted for this species: the one consists in hurrying the individual into the distraction of company or a rapid journey; the other, in directing the attention to works on controversial divinity; by the latter, every attempt to discuss the important subject of delusion only serves to fix the hallucinations more deeply. Dr. Abercrombie's mode of treatment consists in enforcing regular exercise, paying attention to the general health, and adopting a course of reading likely to fix the mind, and withdraw it from the delusions under which it is labouring. A course of historical reading has been found to be most beneficial in these cases; patient should write out dates and leading events in the form of a table. When the mind has been thus gradually exercised for some time in a connected train of thought, it is often astonishing to observe how it will return to the subject which had entirely overpowered it, with a complete dissipation of former erroneous impressions. Questionable whether travelling is of much benefit. Quotes writers to show the necessity of particular attention during the period of convalescence. *Case*.—A patient labouring under a religious delusion had exhibited symptoms of amendment, and was placed in the convalescent ward. There he unfortunately met with a patient previously manifesting similar derangement, and they both relapsed: this case shows the importance of classification. Dr. Conolly says that even convalescents should not associate together, except under the strict surveillance of the sane—the religious despair of one person will bring back that of another. The violence and passions of some in the airing grounds will revive these in others more composed. The physician ought carefully to watch the first dawns of convalescence, for at that period he can effectually bring into operation his moral agents. *Case*.—A young lady of great beauty and accomplishments, prior to attack passionately

fond of music ; had since always refused to play. One afternoon seemed more than usually contemplative ; appeared anxious to avoid the company of one or two lunatics who had access to the same ward ; a harp was brought to her, and she immediately played several airs associated with other and happier scenes. Effect produced almost instantly perceptible, and so beneficial an influence did the melody and ideas exert, that she was soon sufficiently recovered to be removed home. Those predisposed to insanity should endeavour to crush the first appearance from a healthy train of thought. Those disposed to gloomy views with respect to themselves, should endeavour to encourage a cheerful state of mind. This may prove difficult at first, but by a continuous and persevering effort of the will, all difficulties will be surmounted : " by seeming gay, we grow to what we seem ;" and Dr. Reid advises us to put on this mask. In cases of homicidal and suicidal impulses, the removal of a small portion of blood, and cathartics, will often produce a mental restoration. Many patients seized with these feelings have implored their friends and relatives to subject them to medical treatment. The patient in the early stage should not be led to think that he is suspected of madness, for this will only tend to hasten the progress of the disease. The physician should direct his observations to the state of the general health. He should endeavour to obtain the confidence of his patients. This may, without much difficulty, be effected, if he acts with kindness and gentleness.

In slow and insidious affections of the mind, the liver will often be found to have been, for a considerable period, the seat of disordered action. A few doses of blue pill, regulating the diet, agreeable society, abstinence from all stimuli—in a large number of cases, the most efficacious means of cure in the premonitory stage. Very frequently necessary to relieve the overloaded condition of the vessels of the brain. The patient generally complains of pain in some part of the head, with an increase of temperature, for which a few leeches, or cold spirituous lotions, may be recommended. Great caution, however, necessary in the use of depleting measures. The inexperienced are too apt to infer, in violent paroxysms, the necessity of both general and local bleeding. Patients have often thus sunk into incurable chronic melancholy. In recent attacks in young and plethoric subjects, when the symptoms are closely allied to inflammation of the brain, bloodletting is often attended with the most happy results ; but it requires a nicety of discrimination to distinguish between vascular excitement and a concentration of nervous energy in the brain, which requires a treatment directly contrary to the first. Indiscriminate abstraction of blood is much to be deprecated ; idiocy often supervenes upon it. Bloodletting, however, in the very early period, is often successful in stopping the malady. In very nervous subjects of delicate fibre, where there is not evidently an increased impetus to the circulation, depletion will not be required. In many cases of insanity, there is a high state of mental excitement, which is most successfully treated by agents which would, under ordinary circumstances, increase inflammatory action. There are, however, cases in which a sub-acute inflammatory action of the brain exists, for whose removal active measures may be required. Sir A. Morison observes, that bleeding is principally indicated, in mental diseases, where increased action or congestion is accompanied with plethora or suppressed discharges, by decided inflammatory affections of the contents of the head, thorax, or

abdomen, and when the insanity is from external injury or insolation. The more nearly the symptoms approach those of inflammation of the brain, the more justified will the physician be in recommending general bleeding. In young females of full habit of body, in whom the natural secretions are suppressed, and where the skin is dry and hot—the pulse rapid and inflammatory in its character—the conjunctiva and face red—the pupils contracted—and, in fact, where the symptoms of phrenitis are present—bleeding may be practised with much service. In many such cases, however, if any doubt of this, leeches merely should be locally applied to neighbourhood of head. As an excellent substitute for bleeding, large nauseating doses of tartar emetic may be exhibited. Violent maniacal excitement, with every apparent indication of a high degree of cerebral inflammation, will speedily yield to this. Small doses at first, and gradually increased, until patient can take two or three grains without vomiting. If inflammatory action, vomiting highly prejudicial. In majority of these cases, active antiphlogistic measures not required. In very recent cases, where attack sudden and with the stoppage of accustomed discharges, or the disappearance of an eruption, conjoined with symptoms of plethora, bleeding will often effect a speedy cure. Previous history of case to be always considered. When from long-continued grief—loss of sleep—anxiety of mind—religious despondency—physical disease of the abdominal viscera, or chronic indigestion causing melancholy—treatment must not be antiphlogistic. Disordered sensations, both of the hearing and sight, frequently appear in the primary stage of these cases—here generally local congestion in the neighbourhood of either the optic or the auricular nerves. A few leeches to these parts often been known to remove immediately these illusions.

Cold applications to the head have been attended with the happiest results, in cases of violent cerebral excitement. When bleeding is inadmissible, cold to the neighbourhood of the brain not only diminishes vascular excitement, but lessens powerfully the morbid sensibility of the cerebral organs. If, however, a tendency to plethora or apoplexy, cold applications must be used with great caution. The cold bath with the douche is most efficacious in subduing maniacal excitement. I have witnessed the mental perturbation of incipient insanity almost instantly yield to this potent remedy. The douche may either be used when the patient is in or out of the bath. If not proper apparatus at hand, cold water poured out of the mouth of a kettle, from a height, on the head, answers the purpose. The shower bath has been found also very advantageous. In melancholia the warm bath must be substituted. Judging from the beneficial effects of cold and warm bathing, in cases of irritation of the mind from cerebral disease, I should feel disposed to consider that the steady use of these agents would, in incipient derangement, be accompanied by the happiest results. The state of mind is closely dependant upon the cutaneous secretion. I should recommend those who are subject to mental depression, hypochondriasis, the vapours, ennui, or by whatever designation it may be termed, to try the effect of systematic bathing. I feel assured that in many instances violent attacks of insanity may be warded off by the use of the warm or cold bath. In cases of cerebral irritation, evidently from a tendency to vascular excitement, bathing the head regularly every morning with cold water, or vinegar and water, will be followed by great benefit to the health of the body as well as the mind.

In incipient, as well as in advanced insanity, particular attention is due to the bowels. Purgatives have often been known to relieve the mind without any other medicine ; much caution, however, necessary in their use. Very frequently the whole surface of the mucous membrane of the intestinal canal is in a state of sub-acute inflammation, which, acting sympathetically upon the brain and nervous system, keeps up mental irritation. Under these circumstances, the mildest kind of aperients must be given : drastics now very hurtful. In this case aperients should be preceded by a few leeches (particularly if pain upon pressure), or counter-irritants to the neighbourhood of the abdominal affection. In many cases, however, drastics necessary. Insanity has been known to give way to the steady and persevering use of cathartics. Hellebore had anciently the reputation of being specific ; it is occasionally used now, but has far less reputation.

Emetics have been much lauded as a specific. Occasionally an emetic in the early stage of an attack will be found of much service. If, however, symptoms of cerebral congestion are present, they are not admissible. In religious melancholy, attended by defective circulation of the abdominal vessels, an emetic may be taken with every prospect of relief. When the brain is in a state approximating to inflammation, they cannot safely be given. Perhaps the most powerful agent in the early period of insanity, with the view of subduing mental excitement, is camphor : this often acts like a charm in the incipient stage.

The different preparations of opium are attended with essential benefit in insanity unattended by vascular congestion of the brain. The liquor opii sedativus, or the acetate of morphia, may be exhibited to quiet and calm the nervous system. When bleeding is considered necessary, a full dose of opium immediately after the abstraction of blood will be followed by much benefit. Dr. Uwins professes that, under these circumstances, it gives a tone and resistance to the capillary vessels which proves preventive of reaction, and consequent inflammation or effusion.

Hyoscyamus has had a very high reputation in cases of mental derangement : very frequently it will be found to create sleep, without any injurious effect on the bowels. Sleeplessness is a symptom of approaching insanity, and should be strictly guarded against. Quotes Dr. Combe's excellent remarks here as to this point. Much caution, however, should be exercised in the use of opiates ; and they should never be taken unless advised by a practitioner, for fear of this becoming a habit.

In numerous instances it is advisable to exhibit narcotics by the endermic method.

Among the physical remedies which have been recommended in cases of insanity, I may refer to belladonna, conium, hydrocyanic acid, iodic, mercurials, digitalis.

Occasionally blisters and setons will have to be substituted for local or general bleeding, or used in conjunction with those remedial measures.

As to moral measures, quotes Dr. Reid to the effect that—nothing has a more favourable and controlling influence over one mentally affected, than an exhibition of friendship or philanthropy ; except when hardened, and almost brutalized by coarse and humiliating treatment.

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Music variably successful. Useful in two states: first, by exciting the attention of the patient, he himself playing; and next, the pleasing sensations from another's playing. Frank employed it largely, and found it of great advantage in mania, while Esquirol found it in similar states to produce raving fits. An impression with the majority of the profession, that in mania it is too exciting; but in states of lethargy or apathy it may be used with benefit. Dr. Cox employed it largely in his establishment, but his successor, Dr. Bompas, has altogether discontinued it. Only restraints at the Retreat seclusion, a strait waistcoat, the shower bath, and a few occasional privations.

CHRICHTON.

REFLECTIONS ON REMEDIAL TREATMENT. By Sir Alexander Chrichton. 1842.

He demurs to statements of Rush and others as to value of blood-letting. Strengthens his contrary opinions by reference to Pinel, Esquirol, and others. Of all remedies, has found tartrate of antimony most efficient, $\frac{1}{4}$ to $\frac{1}{2}$ of a grain every four hours. Uninterrupted continuance for some weeks, if paroxysm lasts so long. Has sometimes combined it with camphor, but not at the beginning. In conjunction with this remedy, puts the patient into a tepid half bath for half an hour daily. Bowels to be kept open once or twice a day. In the latter years of his practice, was in the habit of giving a grain of extract of colchicum, four grains of colocynth, and a quarter of a grain of belladonna at night, as an aperient sedative. Recommends the shaven head to be frequently sponged with cold vinegar and water. When the scalp is hot, and the delirium excessive, applies leeches to every part. Blistering the scalp, and affusions of cold water, he considers as hazardous. He advises low diet in the acute stage, and generous fare in the stage of collapse.

GHEEL.

SEVERAL of the writers included in this volume have given a detailed account of the village of Gheel. We have omitted these, however, as Mr. Lee, in his work on Belgian Medical Institutions, has furnished us with a later account than any other writer. He derives his information from Dr. Moreau, physician to the Bicêtre, who visited the spot, and what follows below must be regarded as the remarks and observations of the latter writer.

Gheel is a village some leagues from Antwerp, where numbers of the insane are placed, to lodge with, and share labours of, the inhabitants. It is situated in an extensive district of Belgium, in plains covered with brushwood and fir-trees, and separated from other habitations by several miles of waste land, tending to prevent escapes; those attempting to

escape must follow high road, on which easily recognised. Insane, elsewhere treated formerly with severity, have here, during several centuries, lived almost free in families of inhabitants—under patronage, their friends imagined, of Saint Nymphna—who, being daughter of a king of Ireland, sought refuge hither to avoid his persecution. For a long period no physician, and yet cures; it was thought from prayers to her. Even at present day, certain ceremonies relative to this saint. M. Esquirol visited Gheel, and doubtless partly derived his principles from its inspection. An asylum, says he, ought to resemble as much as possible ordinary habitations. All savouring of constraint and mistrust—all that might excite in patients thought of separation forever from society—ought to disappear. Classification too extremely important. Hence necessity of numerous divisions, which avoid confusion. These ends realized at Gheel, facts having here preceded theory. In commune of Gheel 9000 inhabitants, a large portion of whom reside in hamlets at a greater or less distance from central village. All the inhabitants, whatever position or avocation, may receive patients in their houses, according to agreements made with their families, or from hospitals of Brussels, Malines, &c. Price seldom above 300 florins, or below 100. Each patient under direct superintendence of person to whom confided (*nouricier*), who supplies wholesome and abundant food, a clean and well-aired lodging, a good bed, &c. Commissioners to guard against abuse, and a preliminary authorization of sequestration in each case. Monomaniacs inclined to incendiarism or homicide not received. Striking a patient disqualifies a host from taking the insane, and he is declared infamous—unless in self-defence. Share in the labours and daily occupations of families in which they reside. Some even contract such a liking to the mode of life that they voluntarily remain, after having recovered their reason. Majority walk about village, and in environs, with almost as much freedom as other inhabitants; but regulation, not to go out before 6 in the morning in summer, and 8 in winter; must return home at 4 in afternoon in winter, and at 8 in summer. Harmless and peaceful, however, exempted from strictness of law; but in no case allowed to go out at night. Each going to church, is accompanied by a member of the family. With exception of these restrictions, patients enjoy all advantages of society, of which are even useful members. Colony supplies hands for agriculture, for various industrial pursuits and professions; this cannot fail to contribute powerfully to restoration—not merely workmen of all kinds, but even teachers of languages, arithmetic, drawing, and writing. An harmonic society, founded by one of the patients. Assisted, says Dr. Moreau, one evening at a vocal and instrumental concert, and was struck with the precision and unity of execution. Entrance to smoking-houses not prohibited to patients, and not uncommon to see them there quietly smoking their pipe, with a pot of beer at their side; or playing at cards, billiards, or some other game. Abuses prevented by fining innkeeper if patient becomes intoxicated. Walk freely in streets of large village, and in country mixed with inhabitants. Especially surprised at little notice taken of them, even from children, as to extravagances. Knowledge of ruling them indeed traditional, and unconsciously acquired. Only 7 or 8 escape annually, out of more than 700 individuals. This owing to the fact that the patients perceive that they enjoy almost as much liberty as inhabitants with whom they are. Idea of a prison does not arise in their minds so easily as when shut up in the courtyards or sleeping wards

of a hospice, together with other individuals subjected to same regimen, and to a uniform mode of life. Privation of liberty being scarcely felt, do not think of forcibly obtaining a good which appears to be at their disposal. Precautions, nevertheless, taken. If a patient manifests a fixed resolution to run away, or has already made the attempt, not on that account constantly confined in a room; but a rather heavy chain, ring of which is covered with leather, is fixed to his leg, so that he still enjoys considerable liberty in walking about. Suicidal and epileptic subjected to a special superintendence. Suicide rare, which is more to be attributed to the mode of life—the continual occupation and the degree of freedom enjoyed—than to direct superintendence. One in 1840, and one in 1841. The violent and dangerous placed out of the way of others, but these cases rare; reason, the liberty they still enjoy, notwithstanding state of excitement, of which, too, nature of locality admits. Now known that best means of calming agitation, fury of a maniacal patient, to allow him, as much as possible, freedom of action: increases in proportion to efforts made to repress it, and ultimately terminates in incurable stupidity. When, however, a patient is unmanageable, the camisole, or even chains, allowed, upon representation of physician to administration that they are requisite. All the insane, men and women, unless prevented by some physical cause, must engage in manual occupation. Agriculture preferred. Labours of patients at Gheel, simple and frugal fare, and salubrious air of country, contribute to their physical well-being. Impossible not to be struck with the healthy aspect and fine condition of those met with in streets, and in the country. Attain, in general, an advanced age. Much to be desired as regards medical service. Under four physicians, who reside in village, and have private practice, to whom paid annually but 200 francs; too inadequate, and hardly to be expected that they can attend properly to the patients, and that they would not sacrifice their interests for the advantages of a much more lucrative practice. After minute examination of causes, duration, &c., physician has to fix the position, &c., of a new patient. Treatment nearly same in the four districts. It is that which Pinel and Esquirol have transmitted to us, and which is employed in all the insane establishments of Europe, viz., a pure medical eclecticism, tending to combat the functional disorders which precede or accompany the intellectual disturbance. General and partial baths, the general and local abstraction of blood, purgatives, exutories, &c., form the basis of this medication. Affusions of cold water frequently employed. The *douche* unknown at Gheel. As a plain therapeutical means, may be very well superseded by cold water applications or affusions. A restricted diet may be advantageously made to supersede the *douche*. Its action is continuons; each hour that it is prolonged renders it more unendurable to patient, especially as they have generally good appetites. Besides, diminishing physical forces, gradually weakens moral energy, and in end overcomes most obstinate will. Dr. Moreau thinks *douche* ought to be proscribed, as painful, humiliating, and tending, through its painful remembrance, to cause relapses. Sedatives likewise excellent means of calming habitual agitation of maniacs, and temporary exaltation of monomaniacs (opium, stramonium, belladonna, hyoscyamus, aconite, &c.). At Gheel, *number* of cures small, but enormous as regards *quality*; being usually deemed incurable on admission.

BRIGHAM.

REPORT OF THE HARTFORD RETREAT FOR 1842.

OF the present writer, and the two subsequent, further remarks are elsewhere given. Circumstances, however, have induced us to place in this portion of our volume, the opinions which they held in 1842. Dr. Brigham was then Superintendent of the Asylum at Hartford.

A patient who had killed her child, suffered intense mental agony on returning mental health; this was overcome by *opium*. Recent cases require a mild antiphlogistic course; but regard to be paid to cause. If from a blow or other direct physical injury of head, or sudden or violent mental commotion, while in good health, free depletion by bleeding, and active cathartics useful and often indispensable. But such seldom in hospitals. Rarely considered advisable to have recourse to general bleeding, at this Institution. Occasionally when much cerebral excitement has resorted to topical bleeding, but more frequently water from a height of four or five feet, directly upon the head, is generally one of the most certain and powerful means of subduing violent maniacal excitement that he ever tried. The warm bath is also very serviceable to calm excitement, but cold must be, at the same time, applied to the head. Croton oil, in a few recent cases, proved very beneficial—particularly in two cases, which seemed cured by the use of it after other cathartics were tried. Most easy medicine to administer, if the patient refuses all others; often used it, and never with an unpleasant result. Bathing in warm water beneficial in most cases. Bathing in cold water, or showering, he seldom resorts to; would probably use the latter oftener, but cannot prevent the patient from supposing it intended as a punishment. Administers most medicines in liquid or powder. In addition to pharmacopœia, uses a few preparations prepared by himself. Often administers the following:—*R* Extract. conii., \mathfrak{z} ij.; ferri carb. precip., \mathfrak{z} xii.; molasses, wine, water (warm), $\mathfrak{a}\mathfrak{a}$. qts. ii.; ol. gaultheria or ol. sassafras, \mathfrak{z} ij.; dissolved in alcohol, \mathfrak{z} viii. *M*. Usual dose, half an ounce; sometimes more. If a laxative effect is desired, add one or two drachms of tinct. aloes and myrrh to each dose. Sometimes varies it as to all the articles, except iron and conium, adding mucilage, gum-arabic, alcohol, &c. Benefit from the following in many nervous, sleepless, and hysterical cases:—*R* Tincture lupuline, hyoscyamus, $\mathfrak{a}\mathfrak{a}$. \mathfrak{z} iv.; camphorgum, \mathfrak{z} i.; ol. valerian, xxxii. *M*. Dose, 1 or 2 drachms. Finds useful in some cases of violent mania; and when the urinary secretion is deficient, the following, taken from Ellis on Insanity:—*R* Tinct. digitalis, seillæ, $\mathfrak{a}\mathfrak{a}$. \mathfrak{z} ss.; vin. antim. tart., spts. nitr. ducc., $\mathfrak{a}\mathfrak{a}$. \mathfrak{z} j. *M*. Dose, 30 drops. Blisters, issues, and particularly setons in neck, often tried, but rarely witnessed any benefit from them. Opium been always used in this institution, and often with great success. In some cases appears useless, and in a few injurious, particularly where the skin is hot and dry, and the pulse full and hard; but such cases rare. Does not think it of itself often cures, but a valuable adjuvant to others, and secures a beneficial degree of calmness not to be obtained without it. Prichard, though formerly against its use, says, in a later edition, that there are few disorders in which so much benefit is derived. Prefers a solution of sulphate of morphia, and Dover's powder, to any other preparation. Many cases, especially of some months' continuance, require invigorating diet and tonic

remedies. Insanity or its causes, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system; and we should be cautious in increasing this debility. Hence, though a patient show great maniacal excitement, and seems to have prodigious strength, there is usually danger in depleting. Various preparations of bark, quinine, and other tonic remedies, used here; but no preparation so generally as combination of conium and iron before mentioned; and from none has so much benefit been derived. Animal magnetism, during the past year, tried on five patients unavailingly.

WOODWARD.

A LETTER FROM DR. SAMUEL B. WOODWARD, Superintendent of the Massachusetts Hospital, to myself. 1842. Ninth Report of that Institution.

THE institution which I superintend is, like the one at Williamsburg, a public institution, receiving a large proportion of *old incurable cases*, which are sent to us for custody, and not for cure. We improve a large proportion of these cases, by our system of management, so as to make them useful, laborious, and comfortable residents. This we do by giving them attentions, increasing their self-respect, and attending to every circumstance of health. We do not find it necessary to place this class of patients in any restraint, unless it may be for a short time, in periods of excitement, to place them in a strong room. If health is good, we rarely give this class any medicine.

Recent cases that come under our care, are examined carefully on admission, or soon after, to ascertain the state of the physical health, and the indications for curative means; they are treated with kindness, attention, and indulgence in all cases. Comparatively very few need restraints: in cases of extreme violence, they are placed in a strong room, which is the best mode of restraint, if it can be called so, or have on mittens or wristbands. We never use muffs or strait waistcoats. In many recent cases, some alterative course is desirable; the tongue will be coated, the pulse strong and irritated, the head hot, the eyes suffused, the skin hot and dry. In such cases, cold applications to the head, mercurial purges carefully administered, warmth to the feet, and moderate narcotics, often do well. We think highly of narcotics, when the case is suitable, and when the system is prepared for their use. We rarely bleed, cup, or leech; preferring to allay excitement by narcotics; of which, in a large proportion of cases, morphine is best, administered in repeated doses, through the twenty-four hours. Laxatives may be necessary at the same time, or they may not be necessary. The cases in which the morphia is admissible, are the *nervous cases*, in which there is no particular tendency to congestion. It is difficult to describe them on paper; but we get to learn, by experience, in what cases it is admissible. Conium, hyoscyamus, and stramonium, do well in some cases; but are less useful than morphine. After the first symptoms of excitement are over, we recommend exercise, riding, walking, labour, and active and sedentary amusements. Sometimes use tonics. We wish to make the health as good as possible. Warm and cold baths are often useful. We give most of our patients a full diet, and like to see them increase in flesh, and not grow poor.—*Letter.*

Report.—The incurable labouring, improve in all their habits, in intelligence and self-respect, till they appear like rational men; though

their delusions still remain, and insanity is not cured. Mentions a patient: the first year, we did not trust him; the second year, we gave him more latitude; and the third, he secured our confidence. Whilst on his way to the woodyard, he made an attack on the steward, and was with difficulty overcome, and in the course of the day he made a second attack on his keeper, with a stick of wood. He had met the proposal to labour with a prompt refusal, and the steward had been directed to take him out to the woodyard, and see that he was employed in piling wood. When a patient is brought to the Institution, the first object is, to learn every circumstance connected with his health. Like other diseased organs, curing a primary affection, will cure it. Excitement of pulse, &c., are signs of his amazing excitement, and not symptoms of his disease. A little cold water or ice applied to his head will afford him greater and more immediate relief than the loss of a pound of blood. Once took twenty-eight lbs. of blood in thirty days, and used Cox's circular swing almost daily, until it produced sickness and vomiting; and yet at the end of the month found the patient little or no better. Then resorted to remedies less hazardous and more composing, and produced a sudden amendment, and speedy recovery. Usually no inflammation in the brain or its appendages, excitement more frequently entirely nervous, and yields more readily under a mild and safer treatment. Local bleeding, cupping, ice to the head, mild cathartics and narcotics are less hazardous, and succeed far better. Many cases yield like a charm to narcotics, if the system is prepared for their use, and they are prescribed in a proper manner, and with proper discrimination. Bark and iron combined with narcotics do well when excitement has abated, and the strength requires to be restored. In chronic cases, tonics, narcotics, baths, laxatives, and remedies that tend to remove local disease, if it exists, are often found beneficial. In certain torpid cases, the cold bath, with stimulants and acrids, is a valuable auxiliary in the cure. He only glances, each case requires its own appropriate remedies of cure; and experience is the best guide to this in every case of disease. In chronic cases, much benefit arises from a perseverance with remedies for a much longer period than most physicians would prescribe them, or most patients pursue them, in private practice. A case despaired of by friends, was a man about 40; had been four years insane, and much of the time in the hospital; at periods very violent, breaking and tearing. When taking narcotics, would sleep better, and be able to perform some labour; but without them was incapable of restraint abroad, and would frequently tear up his garments, and appear violent and naked in his room. A year since, this was his condition most of the winter; he then took no medicine. Early in spring, again commenced a course of medicine; in a week or two he was calm, and "in his right mind," at least so as to be able to work. When spring work commenced, began to labour with the farmer. Medicine was continued six months; the doses being gradually lessened after two or three months; and towards the close of summer it was entirely withdrawn. Discharged cured at the end of October. When a patient is brought to Institution, examine the state of his health, and obtain from himself or friends all the information possible concerning his condition previous to his admission. If in a situation to converse, spend some time with him, and ascertain what may be necessary in his case: sometimes defer this examination a day or two, until he becomes acquainted with his associates. We do not allude to his mental delu-

sions, or any circumstances that induced his friends to place him in the hospital. He is treated with marked civility and attention, and his wishes are gratified, as far as practicable. If in a situation to labour, he is invited to go into the woodyard or garden, and work a little. If medicine is to be given to him, he is informed of it, and the reason explained to him. Motives are always presented to induce quiet, and adherence to rules, and rewards are often bestowed; but punishments, as such, are never inflicted; yet the breaking of rules, disturbance, and mischief, are rebuked, and often some privation follows. Pledges, if broken, are followed by a cessation of indulgences, and sometimes by temporary restraints and privations. Reasoning with the insane is often of little benefit; but when their faith in their delusions begins to waver, and when they have, in some measure, the government of themselves, reasoning often dispels delusion, and strengthens the power of self-control. To religious services they attend voluntarily, generally, and those who are required to attend are of that class who are equally opposed to anything else, that requires an effort. All their delusions should be discouraged, by removing, in the kindest manner, every badge of honour and distinction which they are disposed to assume.

EARLE.

A LETTER FROM PLINY EARLE, M.D., Resident Physician of Friends' Asylum, Frankford, near Philadelphia, &c. 1842.

In the treatment of insanity, I very rarely resort to venesection; never, except in cases of excessive plethora, or in very high excitement of acute mania. In mania, there being, almost invariably, considerable determination of blood to the brain, I generally shave the head, apply cups on all parts of the scalp, or to the nucha; and reduce the temperature of the head by the application of the cold douche, from one to three times per diem. I also occasionally resort to warm stimulating pediluvia to the feet, and blisters to the thighs or ankles. I have occasionally blistered the whole scalp, but from my experience in this treatment, I think it more frequently detrimental than beneficial. Indeed, it is very rational to believe that so potent a revulsion, if applied at all, should be upon a portion of the surface more remotely situated from the viscera inflamed. After the excitement is somewhat subdued, I generally insert a seton in the nape of the neck. I have much confidence in this remedy, and hence resort to it in all cases, whatever be the type of the disease, wherever the system requires depuration, or is in a condition at all approaching to cachexy. Besides this effect of the seton, it acts as a revulsive from the brain, and hence, the greater the irritation or inflammation excited by it, the greater the benefit produced. Nauseating doses of the ant. tart. and of the tinct. digitalis we frequently use for reducing excitement and obviating plethora. As before hinted, cups to the nucha and scalp are my most direct means of depletion. Extensive catharsis is sometimes resorted to; and aperients, in all cases prone to constipation.

I employ narcotics to a considerable extent, and believe them to be the most effective, or among the most effective, agents in the treatment of insanity. Laudanum, and the sulphate of morphia in solution, are more employed than any other. Even in cases of acute mania, they may

oftener be administered with utility in a much earlier stage of the disease than has been formerly supposed. Of the first, I generally begin with \mathfrak{xx} . ter die, and carry up the dose, as rapidly as the patient will bear it, to $\mathfrak{3i}$., $\mathfrak{3ii}$., or $\mathfrak{3iii}$. ter die, according to the necessity of the case. I rarely exceed $\mathfrak{3ii}$., and generally stop at $\mathfrak{3i}$. or $\mathfrak{3iss}$.

I administer a solution of the S. Morph., made as follows:— \mathfrak{R} Sulph. morph., $\mathfrak{3i}$.; acid. sulph. dilut., $\mathfrak{3ss}$. vel $\mathfrak{3i}$.; alcohol, $\mathfrak{3iii}$.; spirit. lavand. comp., $\mathfrak{3ij}$.; aquæ, $\mathfrak{3ix}$. M. Ft. sol. This solution contains four grs. of the sulphate to an ounce of the fluid. When about to use it, I add three parts of water to one of the solution, thus making one-eighth grain of the sulphate to $\mathfrak{3i}$. of the solution. I begin with $\mathfrak{3i}$., and increase according to circumstances. I believe the sulphate of morphia is much more liable to nauseate than laudanum.

These preparations are of the most convenient utility in melancholia. In these cases, most common in females of high nervous excitement, perhaps muscular pain and twitching, sadness, weeping, moaning, suspicion of various diseases and mental anguish, with comparative rationality on general topics, the shower bath, high doses of laudanum or morphia, and some preparation of iron, act like a charm. In such cases, I have used the tinct. fer. mur., or the fer. carb. precipitatus; the former in doses from fifteen to fifty drops; the latter, twenty grains. I think it best to use the former a while, and then substitute the latter. The latter is the tonic most frequently used in this asylum, and is very beneficial in many cases, even while occasional depletion by cups is continued. We use occasionally serpentaria, gentian, colombo,— \mathfrak{R} Colombæ, grs. \mathfrak{x} .; zingiberis, grs. \mathfrak{vi} .—ter die, is a good formula for torpor of the bowels and tympanitis; using, in the meantime, an occasional purge of ol. oliv., $\mathfrak{3i}$.; ol. terebinth., $\mathfrak{3i}$. The conium maculatum is called a powerful narcotic; from my experience, I do not think it to be so. As an alterative, I think it second to mercury alone: it is used here extensively, and with eminent advantage. We employ the English extract, or the Connecticut inspissated juice. I am inclined to prefer the latter. I generally begin with 5 grains ter die, and carry it up rapidly to \mathfrak{xxx} ., \mathfrak{xl} ., \mathfrak{l} ., \mathfrak{lx} . grains, and sometimes to 80 or 90 ter die. In females, I rarely exceed 30 or 40 grains. I nearly always use it in combination with iron, and always administer it in solution or mixture, 80 grs. to the $\mathfrak{3i}$. (or 10 grs. to $\mathfrak{3i}$.). We give all our medicines in solution, if possible. The conium and iron are of advantage in all cases requiring tonic, alterative, and slightly narcotic treatment. Where the mucous membranes are disordered, the circulation unequal, the secretions depraved, the digestion imperfect. In mania, we use it after the excitement is subdued, frequently give it in melancholy, and still more frequently (than in melancholy) in dementia. I do not think it has any specific action on the liver, but acts as a general corrective.

Whenever the liver is deranged, and this is exceedingly common, we use the mass. ex. hydrarg. in one or two grain doses ter die. As a slow alterative and tonic, I frequently employ the following formula:— \mathfrak{R} Hydrarg. chlo. mit., gr. $\frac{1}{8}$; ipecac. pulv., gr. $\frac{1}{8}$ or $\frac{1}{4}$. In cases of foul stomach, indicated by fetor of breath, and perhaps a slimy or coated tongue, we use repeated emetics, generally of the following formula:— \mathfrak{R} Ipecac. pulv., grs. \mathfrak{xx} .; ant. tart., gr. \mathfrak{i} . Occasionally this is not sufficiently powerful; then add another grain of the ant. tart.

As emmenagogues, we use besides iron the tinc. aloes et myrrh;

cathartics of aloes and rhubarb; tinc. guaiac; tinc. helleb. nig.; cupping to the loins; hip bath; stimulating pediluvia; blisters to the thighs; and a pill made as follows:—R Ferri sulphas, gr. i.; aloes pulv., gr. ij.; terebinth., gr. iij. M. f. pil. No. i. Give ter die.

I think I have mentioned the most prominent points of treatment. We prescribe to symptoms not as a general rule to diseases, and we feel at liberty to take the whole range of the *materia medica*.

From his "Visit to Thirteen Asylums," &c.

At Hanwell six were taught shoemaking in one year. Four hundred out of six hundred work. S. Tuke, of the York Retreat, believes that labour, properly pursued, is the most efficient auxiliary in effecting a cure. At the asylum at York, among the other queries is, Has patient had smallpox or the vaccine disease? At the asylum in Antwerp, they do the whitewashing. At La Salpêtrière, says Milne Edwards, no violent measures; greatest kindness. Baths, the douche, exutories, mild purgatives, and medicines intended to restore suppressed evacuations, are the principal remedial agents resorted to. Isolation and moral means form the basis of treatment. At the Bicêtre, he saw the douche administered twice improperly: once when the patient thought himself some great character; and to another patient who had refused to work. During the year 1810, made free use of the douche at Frankford, but never as a means of coercion or punishment. Of decided advantage in all cases where exists a determination of blood to the head, indicated by flushings of the face, and excessive heat, either constant or variable, of the integuments of the cranium. A majority have preferred to use it, on account of the refreshment and relief thereby produced. Some of them accustomed to apply it to their heads, from day to day, voluntarily. Stream made of variable size at pleasure, from $\frac{1}{2}$ to $\frac{3}{4}$ of inch in diameter. Water falls from two to four feet, according to situation of patient's head. Among the fifty-three patients released by Pinel, one who fancied himself the Saviour; all the other patients were forbidden to speak to him, and he recovered. A captain proved useful by exercising authority over the rest, another aided by speaking kindly to them. At the asylum in Milan, a horizontal jet of water forms the douche. As a means of amusement, a *giustra*, two beams at right angles, turning around, patients sitting on them. In the asylum at Malta, two bands pass from lower part of jacket around the legs, thus keeping all straight: thinks this the best form he has seen. At Northampton, non-resistance in an ultra form: whilst there, a patient's bedclothes changed three times, and bath each time, rather than correct.

In the twenty-fifth report of the Frankford Asylum, observes, though manual labour most effectual moral means, still evident utility in recreation. A very melancholy patient thought he had brought destruction on mankind by his conduct. By long persuasion induced to rake leaves in the grove. Only thought them for his funeral pile. First smiles appeared whilst playing at ball, in which he was induced to engage after repeated and long-continued entreaties. From this time progress to recovery constant and unusually rapid.

Report of the Dundee Asylum.—To prevent irritation, endeavour to make comforts the same as at home. Humour, if possible, their whims. Some restraint thought better than presence of attendants. Seclusion the best thing in violent paroxysms.

REVIEW OF ROBERTS ON HYPOCHONDRIASIS.

MR. ROBERTS says,—Certain articles to be prohibited in all cases, as fermented liquors of all kinds, beer, wine, spirits, &c. ; also, spiced food, peppers, all to be indulged in with caution. When habituated to liquors, to be gradually and speedily given up ; and when necessary, medicated stimulants to be substituted. Ammonia most generally applicable : has peculiar influence on the mind, and may be sometimes beneficially employed. Temporary change that follows, and suspension of morbid train of ideas, often succeeded by a more happy condition. Hilarity of other stimulants temporary, and followed by a deeper depression. But by proper administration of this, mind retained in a quiescent state so long, that morbid ideas are lost or imperfectly occur. To be exhibited in small, successive doses, for several days. The Reviewer says, he has found ammonia with hydrocyanic acid very useful ; sometimes like a charm. Strongly for cold to head. Water poured on it twice or thrice a day. If strong, under spout of kettle, or cock of cistern, for a minute or two. When old or debilitated, watering-pot ; if necessary, first tepid, and then reduced to cold temperature. Not to lie in bed but eight hours. To retire and rise early, at 10 and 6. Indeed, to rise so soon as awake ; even if at four o'clock. Horse exercise.—*Medico-Chirurgical Review*, 1842.

DUNGLISON.

THE PRACTICE OF MEDICINE, &c. By Robley Dunglison, M.D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College, &c. 1842.

Article—*Mental Alienation.*

I. MEDICAL TREATMENT.—When young and vigorous, with redness of the face, strong and frequent pulse, and signs of cerebral hyperæmia or inflammation ; as well as in the course of the disease should similar symptoms supervene, general bloodletting may be employed with much advantage, and pushed to decidedly affect the system. May be drawn in latter from temples or nape of neck by leeching or cupping. Many of the French advise leeches to the anus or thighs. W. A. F. Browne prescribes bleeding. Where organic actions unusually excited, head may be shaved : of itself frequently tranquillizes ; and ice may be applied in a bladder. Shower baths approved of by some : Andral reprobates them. Douche size of arm or less, best tranquillizer : nearly always tames the most furious maniac. Severe water-shocks inapplicable, where constitution much enfeebled ; and in old cases attended with disposition to hyperæmia of encephalon, owing to danger of inducing paralysis ; no such results have occurred. In all cases warm bathing excellent ; warm (91°), not hot (98°) : latter would add to the vascular excitement. Cases adapted to blisters, lotions, issues, &c. : but effects not striking in ordinary maniacal cases. Has seen cases of monomania, in which the individual was sunk in torpor and lethargy, where good results manifestly followed a blister on the nape of the neck, and of moxas to the

temples. Actual cautery to the sincipital region recommended by Valentin: reprobated by Andral: if no terror or pain, without benefit. In some cases ammoniacal paste of Gondret been advised: made by mixing two parts of liquid ammonia with one part of suet, and one of the oil of sweet almonds. Amongst revellents, cathartics long held a conspicuous place. Practitioner to use his discretion: but few recent cases, however, where a brisk one once or twice a week unserviceable. Any of the ordinary ones: calomel and jalap, &c. If refractory, to be deceived by mixing calomel with butter; or a few drops of croton oil with honey. Emetics been also employed as revellents by some practitioners. Where much tendency to a hyperæmic state of encephalon, to be used with caution, as encephalic hemorrhage has followed from them. Where torpor exists (Esquirol, Rush, Foville), and it is desirable to excite a new action, given with positive benefit. Author has derived here much advantage from them. Haslam against them, unless disorder of stomach. Best form—R Antim. et potass tartrat., gr. vj.; pulv. ipecacuanhæ, ℥ij. M. et divide in pulv. ij. One to be taken, and, if emesis does not follow in 20 minutes, the other. Rotary chair good where sedatives are proper: one of the most effectual means of restraint in furious mania. Opium highly extolled by some; has employed it at times with decided benefit, in long-protracted sleeplessness. To be given in large doses: at least 2½ grs. at a time, in pill; repeated if necessary. Thinks, with Prichard, a small dose might congest, but not a large. Other narcotics been substituted; especially stramonium, hyoseyanus, and belladonna: but not as effective hypnotics as opium. No confidence in camphor in the present day: not narcotic. Digitalis thought adapted to cases of high maniacal excitement, and much used in Europe and Great Britain—pushed to vomiting. Andral says it is adapted to cases where there is hypertrophy of the heart, but on the insanity itself it is rarely, if ever, beneficial. R Tinct. digital., gutt. xlv; syrup. papaveris, 3ss.; aqua, ℥iv. M. A third part thrice daily. Or, R Pulv. digital., gr. xvij.; pulv. glycyrrhiz., 3ss.; syrup., q. s., ut fiat massa in pil. xii. dividenda. Dose, one thrice daily. In intermittent insanity, cinchona or salts of active principles been recommended: but not observed to have had the same effect as in other intermittent affections. At times, in long-protracted cases of insanity, may be advisable to support life by different tonic agents, aided by an appropriately nutritious diet. Here, the cold infusion of cinchona, or compound infusion of gentian, are calculated to effect all that tonics can accomplish. R Infus. cinchon. sine calore preparat., ℥iijss.; tinct. cinchon., 5ij.; syrup. aurant., 5ij. M. ½ thrice daily: or R Infus. gentian. comp., ℥iv.; syrup. aurant., 3ij. M. ½ thrice daily. For general paralysis, if counter-irritants avail not, nothing will. Discharges to be restored; especially if insanity supposed to be from their suppression. Foville gives a case where a single leech daily for a month cured a case from suppressed hemorrhoids. In amenorrhœa, we must revert to the supposed cause. Failing here, leeches to thighs, cupping to loins; pediluvia and semicupia.

II. Moral Treatment.—Asyla better than any private house; doubts this only where the patient is attached to those around him. Classification. Very violent may be subjected to total seclusion: in general, can be tamed by the strait jacket, which, however, ought to be used as rarely as possible—and by the douche. As soon as violence has subsided, restraints to be removed; every care being taken to anticipate a return.

Well established that they should never be treated harshly. Firmness and perfect absence of anything like temper in attendant, indispensable, and rarely fail in tranquillizing the most furious and malevolent. In cases of danger to themselves or others, never to be trusted out of sight of other sane persons. Recently proposed to abolish restraints: substituting a most rigid system of constant superintendence, of well-preserved classification, and of humane and effective practical management. Hill says that in a properly-constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever. The filthy have changes of clothes and a bath ready as often as they are necessary. In violent cases, patient at times placed alone, in a room well aired and lighted, where there is nothing destructible, and is treated with all the kindness that can be bestowed upon him. The author thinks few asylums have attendants good enough to abolish restraints. By proper classification, few incapable of participating in labour. Employments. Travelling. Caution in music, lest old associations be called up. Prichard and Andral say hurtful. Georget says wisely, 1st. Never excite ideas or passions in direction of delusion. 2. Do not oppose directly their irrational ideas and opinions by reasoning, discussion, opposition, contradiction, pleasantry, or raillery. 3. Fix their attention on foreign objects, and communicate new ideas and emotions by varied impressions. All, however, must be left to the discretion of the practitioner. It may be even found advisable, with certain monomaniacs, to attract their attention to the delusion. Deceptions practised by the author in two cases were of benefit for a time, but the delusion continued. His experience is, that where it is removed, some other form is assumed. Patient to be exposed to no violent emotion, lest a relapse be endangered. Diet according to indication. Sometimes refuse food. Solitary confinement, the douche, or the rotary chair generally compels them to yield. If unavailing, soup may be poured through the nose by the stomach-tube into the stomach. M. Leuret recommends the douche in cases of partial insanity, where the patient dwells on the subject of his delusion; the author thinks no permanent effect can be generally expected from this.

III. Puerperal Mania.—Bloodletting discountenanced by all, unless under great signs of plethora or vascular excitement, and even then with caution. Local bleeding, cold applications to the head, and sinapised pediluvia, with purgatives and emetics (especially where there is disorder of the digestive tube), and full opiates, constitute the most approved treatment. Hall, as the principal remedy, strongly enforces an immediate, mild, but efficient and sustained mercurial course. Moderately nutritious diet, and total seclusion at home under appropriate care.

IV. Hypochondriasis.—No light from pathology. Treatment to be based on principles laid down under mental alienation. At the commencement mainly moral: at the same time notions with regard to bodily disease not to be contradicted. Better appear to fall in with them, and prescribe for their removal. Recommend exercise in the open air, especially travelling exercise; and advise the different gymnastic exercises. Though generally disinclined to all exertion, and brooding over evils, still, by well-directed efforts, may be made to go abroad and play games, or engage in the chase, sporting, horticulture, and agriculture. Dubois says physician must have great tact to modify his treatment to the char-

acter of his patient. With moral treatment, due attention to be paid to any morbid phenomena occurring in the course of the malady.

In "An Appeal to the People of Pennsylvania," &c., are the following extracts. Trustees of the Insane Hospital of Vermont say that useful labour for convalescents, and all chronic cases, is the best moral means that can be made use of in the treatment of insanity. Sir W. C. Ellis says that in the first instance, out-of-door employment is tried in charge of a servant. His character becoming thus known, he is placed at his peculiar trade. Of the idle, some are fatuous, others in such a state of debility as to be unable to work, and only very few idle from disinclination. The steward of the McLean Asylum says in his report for 1836—We have also made rose-water enough for medicinal and culinary purposes, and disposed of \$15 worth. No patient is allowed to work more than six hours.

REPORTS

FOR 1842 AND '43 OF THE VISITING COMMITTEE OF THE COUNTY LUNATIC ASYLUM, NEAR GLOUCESTER, ENGLAND.

SYSTEM reported last year as under trial, of introducing a limited number of students of each sex* to an association with the patients of both sexes, and of employing females more freely to assist in the attendance upon male patients been persevered in throughout year, and fully answered expectations entertained. Under immediate direction of educated persons, instead of care of servants, been manifestly more comfortable, and state of irritation and disquietude, so often observed amongst inmates of an asylum, been so generally removed, that the resident physician has formed the first class patients of both sexes, together with the students and the members of his own family, into one domestic party, and they daily assemble for meals and for amusement, in one or other of their respective apartments. All mechanical restrictions upon the persons of the patients have continued to be disused during year (1842): state of the house has, in its quietness and tranquillity, warranted this; and though occasional violence on the part of the patients has, as formerly, occurred, a more judicious appeal to the moral instead of the physical powers of the attendants—a removal of the excited from the society of his comrades—or, a more complete seclusion in a well-guarded chamber—have been found to subdue the violence, when mechanically confining the limbs might only have increased the irritation. But besides this, in the disuse of mechanical restraint *altogether*, the feelings of those whose quiet deportment would always have secured them from its application to their own persons, are saved the offence of witnessing its application to their less tranquil companions. Employment of patients been very much increased. A resident tailor and a shoemaker been added to establishment; and those patients who are, either from previous acquaintance with these trades, or from a desire to learn them, inclined to undertake work in them, are encouraged to do so; but medical officers encourage more generally those

* Young medical men, and young ladies of education.

employments which lead the patients from a sedentary state, and which will engage them in the open air ; and for this purpose greater attention still given to the garden. To accustomed round of balls, evening parties, &c., superintendent has for some time past added the Mainzerian system of singing for his patients, and of all the amusements calculated for a lunatic asylum, perhaps one of the best that could be devised. The day for it looked forward to with great pleasure. Employment during week to a patient in conning over his part for the ensuing concert. Diminishes the strongest feeling in insanity—selfishness, by leading the better classes to enter into it, and to encourage it, because it gives delight to the poorer and less informed. Improved treatment has led to improved provision in asylum. For first and second classes especially, accommodations have been made nearly resembling their homes : the wards been assimilated to domestic dwellings, and the strangeness of a place of confinement as far as possible changed to the appearance of comfort and cheerfulness. This improved treatment and the quietness which ensues from it, together with that system of individual confidence, in which this asylum ventures to claim a peculiar success, produces important consequences in point of economy. For a very great increase of pauper patients has been accommodated with but little expense in building, by the discovery that it is no longer necessary, as was formerly supposed, to have a separate sleeping cell for each patient, but that a proportion (at present, nearly *one half*) may safely be placed in dormitories containing from four to sixteen beds, and in which they pass the night without even the presence of an attendant.

This year (1843) visitors have thought it advisable to appoint a carpenter and a bricklayer as permanent servants ; whereby an opportunity has been afforded of extending the employment of the male patients. By this means a new lodge and deadhouse been built, and a brewhouse and cellar are about to be commenced, whilst a large portion of the ordinary repairs of these extensive premises have been effected. A boundary wall having blown down, the patients unanimously requested the superintendent to have it restored ; being confident of abundant liberty *outside*, and feeling that in the wall they had a security from being overlooked from without.

Patients from both the richer and the poorer classes of society are received into this asylum. The average number in 1843 was 241. The learned and accomplished Dr. Samuel Hitch is the resident physician and superintendent.

MIDDLESEX COUNTY ASYLUM, ENGLAND.

THE average number of patients at Hanwell in 1843 was 970. The reports of this asylum have had an extensive reputation, and we shall present remarks on various points taken from these documents of a late date. They also deserve particular notice on another account. For at present, the two subjects which excite the greatest attention on the part of medical men connected with asylums, which indeed may be considered as the chief and almost the only points on which, in relation to the insane, there have latterly arisen views of a novel character, are the propriety of restraints and the establishment of schools ; now we have both of these measures largely dilated on in the reports of the Hanwell

asylum. We shall, then, after transcribing various remarks from the reports referred to, proceed, secondly, to compare the observations therein made on schools and restraints with the latest opinions held in some other asylums relative to these measures; touching, under the head of restraints, upon the subject of the treatment of suicidal cases.

I. *Cursory Remarks.*—Visiting justices observe, that few things could have been suggested of greater value, or more efficacious in promoting good order among the patients, than the various occupations, however trifling and unprofitable in themselves, in which they are engaged. See no hopes of making their labour profitable to the county. Number of male patients being in September, 1841, 387; 154 were employed in gardening, agriculture, in various handicrafts, and in domestic offices. Of 531 females, 391 employed in gardening and agriculture, in handicrafts, and in various domestic offices. Additional expenditure of late years incurred by more liberal allowance of provision, and warmer clothing, both of which now considered valuable collateral curative aids. Number of the parish authorities at any time visiting patients should never be more than three or four, including the parish surgeon. Though employment been instituted by Sir William Ellis, until lately (1841) little recreation. Harmless amusements been found to produce a marked effect during continuance, and may be fairly presumed to contribute their full share to the comparative order and tranquillity which have of late distinguished the asylum. Has occurred more than once that a sullen and morose patient has cast off his unsocial humour, and joined the attendants and other patients in a game of cricket or of bowls, and while the game continued, has displayed something of the social spirit which characterizes the sane mind. The visiting justices remark, with respect to several occasions in which the evening was passed in festivity and merriment by the patients, that the physician, on subsequently going through the house, heard scarcely a sound in the apartments of the patients who had retired—thus showing that such events were calculated to be sedative in their influence, rather than to exert any exciting effect.

Duties of Ward Attendants at the Hanwell.—At 6 o'clock patients' doors unlocked. Washed and combed, and state of skin examined, in order that any soreness or discoloration may be reported to the house surgeons at the morning visit. Sickness of any patient, state of evacuations, and any particular change observed, to be reported at same time. Half past 6. Female patients employed in laundry, taken thither by laundry-maids. 7. Attendants go for bread, butter, &c. Quarter to 8. Patients go to chapel. Quarter past 8. Patients breakfast. Half past 8. Attendants clean galleries, &c. and open windows. In warm weather windows to be opened at 6 o'clock; and in hot and dry weather the gallery and day-room windows to be left open during the night. 9. Patients go out with out-door attendants, and females employed there, to the bazar. Infirmarys and sick in all the wards to be ready for morning visit of physician and house surgeons. 10. Cleaning to be completed. In fine weather all the patients who can walk, or who like to be out of doors, to be taken into the airing courts; in each of which, when there are more than ten patients, there must be at least one attendant, or *when any violent patients* are taking exercise, at least two. Infirmary attendants to go to storeroom and kitchen for wine, porter, broth, &c., for the sick. 11. Wine, &c., to be given. Out-door workers have each half a pint of beer. Bowling, trap-ball, cricket, ball-playing, &c., in front

grounds of asylum, to be encouraged in the well-behaved patients taken thither. In hot weather to be taken thither as soon after 10 as possible, and to return to the wards at 12. In winter and in cold weather, time of being out between 11 and half past 12. At 12, attendants take trays and tins to kitchen. 1 P. M. Patients dine. Helpless to have their food divided into small pieces, and, if necessary, to be fed. Food and beer of patients in their rooms to be taken to them by the attendants, and not by other patients. At 2 P. M. One half of the attendants dine, and at half past two, the other. 3 P. M. All the attendants to be in their respective wards. Half past 3 P. M. In fine weather patients to be taken into the airing-courts, and those who are quiet and neat enough, into the grounds; and to remain out, according to the season, from an hour to two hours;—going out and coming in a little later in the summer; and an hour later in very hot weather; the object being to have the patients much in the open air. Shoemakers and tailors to go out every afternoon, in fine weather, at 4 o'clock. 4 P. M. Out-door workers have each half a pint of beer. 5 P. M. Out-door attendants return to wards, with the patients under their care. Patients take tea who are on the list for it. Attendants supply patients with books, papers, bagatelle and draught-boards, &c., for their amusement until hour of supper. 6. Evening service in chapel. 7 P. M. Patients have supper. After each meal, dishes, trenches, &c., to be carefully washed, and every knife, fork, and spoon looked up. Quarter to 8 P. M. Patients go to bed. Clothes to be taken out of bedrooms, wrapped up, and placed on the outside of the door of each bedroom. Window shutters of each room to be closed, and all the windows carefully shut in cold weather. Each room door to be locked; and gas to be turned off. 8 P. M. Night attendants enter on duty. 9 P. M. Male and female attendants sup. Night attendants to visit wards several times during the night, to administer the medicines and nourishment as directed, and to pay proper attention to such patients as are restless, or who wish for water to drink, or who require nourishment, change of dress, &c. Night-clocks to be attended to every hour. Are to wear soft shoes. Must carefully attend to the proper clothing of any patient who refuses to lie in bed; and see that the feet are protected by warm boots; articles of this kind being left in care of night attendants. Patients disposed to suicide, or subject to severe epileptic attacks, or who have the habit of lying on the floor, must be watched with especial care. They call up the other attendants at the proper hour of rising, and when thus relieved send to the matron and house surgeons a report in writing respecting the state of the wards, and the patients attended to during the night. *Sunday.* Patients seized with fits at the chapel, and those who behave violently, are to be removed by the attendants with promptitude and quietness. Those whose conduct is the most doubtful should be seated near the attendants. No fewer than 8 female and 7 male attendants are expected to be present at the morning and afternoon service. About 300 patients usually at the chapel. After prayers attendants to collect hymn-books, prayer-books, &c., but in certain cases may allow them to be in possession of patients until bedtime, both on Sundays and other days. *Monday.* At 7 A. M. Attendants receive from storeroom soap, candles, &c., required for wards for the week. At 9. Clothing from male wards requiring repair, taken to general storeroom. At same hour female attendants take needlework done during the previous week in each ward to the female storeroom, and receive

from storekeeper a supply of work for the week commencing. At half past 9. Male and female attendants take their own clothes to the laundry. Monday being admission day, the male and female attendants appointed to that duty are to undress and give a warm bath to such patients as are admitted. Are carefully to examine the general state of the skin and person of such patients, and to report to the house surgeons any bruises, sores, &c, that may be present. Books, ornaments, &c., to be taken care of, if found on them; and if permitted by medical officers or matron, allowed to remain in the patient's possession. *Tuesday.* Friends of patients permitted to see them in the visiting rooms, unless an order to the contrary. In general, it is not desirable that the friends of patients should remain with them more than half an hour. Several instances, however, will occur in which this indulgence may be extended to an hour; and in a few cases the comfort of the patients may require that their friends and they should be permitted to walk in the grounds. During whole visit, some attendant must be observant of the patients, without unnecessarily interfering. No visitors (except visiting justices) at any time to go into the wards without leave from the physician, house surgeon, or matron. *Wednesday.* Male patients to be shaved by the attendants of their wards. *Thursday.* Clothes, &c., of female patients returned to attendants by superintendent of laundry. *Friday.* Visiting day; linen returned to male wards, &c. Every male and female patient, with exceptions, to be ordered by the house surgeons or matron to have a warm bath. Its temperature not to be less than 90 degrees, nor more than 97 degrees, unless by special order. Patients to remain in the bath long enough for cleanliness. *Saturday.* Male patients to be shaved by attendants. Dirty clothes to be taken to laundry, &c. Attendants to see that none of the ward prayer-books, hymn-books, or Bibles are missing, and if more are required, are to report the deficiency to the resident physician.

No ward is at any time, or under any pretext whatever, to be left without an attendant, until after the patients' bedtime. Whole time of attendants during the day is expected to be devoted to the patients: they are to pay constant attention to their food, dress, occupation, exercise, amusement, and general conduct, and to prevent every kind of impropriety of manners and language. Whenever the door of a ward is opened by an officer of the asylum, or by any of the visiting magistrates, one of the attendants is to advance and to attend such magistrate or officer through the ward, unless ordered to the contrary. Must endeavour to be calm and forbearing, and not to be noisy in anything whatever. When a patient cannot be soothed or controlled, the attendant must, if necessary, summon other attendants, who are instantly to answer the call; and the patient must be put as quietly as possible into a bedroom and locked up. Window shutters of room to be closed, and if the patient is destructive, the bedding must be removed. The seclusion is to be immediately reported to the house surgeon; the state of the patient when in seclusion must be observed from time to time through the inspection plate; occasional attempts are to be made to soothe those who are distressed when in seclusion, &c. When necessary to seclude, remove, or give a bath to a refractory patient, or to dress or undress those who strongly resist, attendants should not be fewer than four, or even six. Must promptly render the violent patient unable to strike or kick, by seizing the hands or the feet. Patient may then be quickly and qui-

etly removed to the bath or in a single room, or dressed or undressed without injury to any party. *Only signal* allowed to be made on the *whistle* worn by the attendants is that which indicates that the aid of other attendants is *instantly* required. All in hearing must instantly attend. Strict attention to this rule essential to the protection both of attendants and patients. Attendants are to take pains to acquire a knowledge of the character of patients, to encourage them to good conduct, &c. Must endeavour to promote such habits in the dirty patients as may prevent their being negligent of cleanliness when in bed; which may often be done by proper attention paid the last thing at night. Patients who assist attendants in ward duties must be treated kindly; but must not be indulged in extra food or beer at the expense of other patients, nor permitted to exercise any austerity over the other patients. With regard to attendants Dr. Conolly observes, that whatever may be the ability, &c., of those at the head of the asylum, they must always so much depend on the fidelity and good conduct of the male and female attendants, that it is scarcely possible to be too considerate of whatever tends to keep them in bodily and mental health. Unless cheerful and active, and well-disposed to officers of asylum, their services to the patients will be inefficiently performed. They are expected to exercise great vigilance for at least fourteen hours every day, and to take their turn at night-watching. No reasonable relaxation, therefore, should be withheld from them; and their lodging, provisions, and every arrangement regarding them, should be calculated to preserve the habits and manners of respectable life, without which they are not likely to understand or execute some of the most important of the duties required of them. A mere change of attendants has been found, in several instances, to be followed with advantages greater than was expected. The character of a ward seems almost wholly to depend on the character of the attendants. Although number of ward attendants much smaller than in some other asylums, in proportion to number of patients, general appearance of wards and of patients sufficiently attests their efficiency as regards cleanliness and order; an effect secured by accumulating attendants in wards containing patients who are violent or dirty.

In 1843, with an average of 970 patients, the number of males being to that of females rather less than the ratio of 4 to 5, the following officers and attendants were attached to the asylum:—1 superintendent, 1 matron, 1 chaplain, 1 steward, 1 deputy-steward, 1 house surgeon for the male department, and 1 for the female, 1 accountant, 2 assistant clerks, 1 engineer, 1 clerk to the visiting justices, 1 schoolmaster, 1 housekeeper, 1 assistant storekeeper and deputy-matron, 1 superintendent of needlework, 1 do. of knitting, 1 do. of laundry, 1 schoolmistress—19 officers. Male servants 37, viz., 26 attendants, 1 shoemaker, 1 tailor, 1 do. assistant, 1 gardener, 1 brewer, 1 cowman, 1 carter, 1 labourer, 1 house porter, 1 office messenger, 1 porter at lodge. Female servants, 52, viz., 34 attendants, 5 housemaids, 7 laundry-maids, 2 kitchen-maids, 1 scullery-maid, 1 dairy-maid, 1 bakeress, 1 cook. Servants then, 89. Servants and officers, 108. In 1841, there were 12 male wards, number of patients contained being 411. In No. 1, epileptic and imbecile, 52 beds and 3 keepers. No. 2, epileptic, 34 beds, 2 keepers. No. 3, quiet, 52 beds, 2 keepers. No. 4, refractory, 23 beds, 2 keepers. No. 5, do., 26 beds, 2 keepers. No. 6, do., 25 beds, 2 keepers. No. 7, do., 24 beds, 2 keepers. No. 8, quiet, 48 beds, 2 keepers. No. 9, con-

valescent, 40 beds, 2 keepers. No. 10, infirmary, 23 beds, 2 keepers. No. 11, quiet, reception ward, 44 beds, 1 keeper. No. 12, moderately quiet, 20 beds, 1 keeper. *Female Wards*, 15 in number, capable of accommodating 576 individuals. No. 1, quiet, 48 beds, 2 nurses. No. 2, elderly and infirm, 24 beds, 1 nurse. No. 3, noisy, 57 beds, 3 nurses. No. 4, quiet, 46 beds, 2 nurses. No. 5, epileptic and refractory, 23 beds, 2 nurses. No. 6, do., 26 beds, 2 nurses. No. 7, refractory, 26 beds, 2 nurses. No. 8, do., 24 beds, 2 nurses. No. 9, bazar ward, 47 beds, 2 nurses. No. 10, noisy, 56 beds, 2 nurses. No. 11, infirmary, 31 beds, 2 nurses. No. 12, convalescent, 44 beds, 2 nurses. No. 13, imbecile, 30 beds, 2 nurses. No. 14, moderately quiet, 52 beds, 2 nurses. No. 15, kitchen ward, 42 beds, 1 nurse. Garden nurses, 2. On the 30th Sept., 1843, of 412 male patients in the asylum, 168 were unemployed, 21 sick, and 223 employed. In garden and agriculture, 110; helpers in wards, 48; repicking coir, 8; storeroom, kitchen, and engine-house, 14; tailors, 10; shoemakers, 13; upholstery-room, 5; bricklayers, 2; painters, 2; carpenters, 10. Of 546 females in the asylum on the 30th of Sept., 1842, 113 were unemployed, 27 sick, and 406 employed. Garden, 17; laundry, 50; kitchen and dairy, 28; helpers in wards, 18; repicking coir, 59; needlework, 234.

General Remarks from Dr. Conolly's Reports as Superintendent.—To ascertain, if possible, the remote or immediate origin of the malady in every case, and to derive from this inquiry some rules of successful treatment—to endeavour to gain and preserve the confidence of each patient—to create or to maintain a character of kindness and tranquillity throughout the asylum, together with a vigilant superintendence—to forbid the exercise of threats, violence, or deception—to classify the patients in the manner most likely to promote their recovery—to be careful of their diet and clothing—to occupy and to amuse them—to secure them cheerfulness or content by day, and comfortable rest by night—to consider all their weaknesses and infirmities, and to pay a general regard to whatever may act favourably on the mind and body—to abstract every cause of hurtful excitement, and to encourage every hopeful symptom of mental recovery—these are the objects professed by every rational physician to whom the insane are intrusted; and the time is fast approaching in which lunatic asylums will only be distinguished from one another by the skill and perseverance with which the infinite means of accomplishing these objects are varied and applied. Experience shows that oppressed sensibility in early and acute stage of mania and melancholy is more apparent than real, and even here deep impressions are made, good or bad, as the treatment may vary, and not afterwards to be effaced. But in the chronic form of mental disorder, which comprehends every conceivable variety of mental wreck that may survive the storms of the first attack, the patient's well-doing is entirely dependant on his general management. If this be guided by enlightened benevolence, the effect is plainly appreciable; the result being the greatest degree of general tranquillity, safety, and order, with the smallest possible display of direct control, and an entire absence of severity. Great aim of a superintendent must ever be to effect these objects by a simplicity of means essential to their constant application, and by a concurrence of innumerable indirect influences, which, systematically brought to bear on those committed to his charge, render direct command and visible au-

thority rare, and rarely required. Considerable comfort has been secured to some of the epileptic, in guarding against injury from falls, by having the walls of their rooms padded, and the bed made to cover the whole floor. No care or watching can prevent the sudden and violent falling down of certain epileptics, nor does any form of cap protect efficiently. The padded rooms have been found very useful in some cases of violence, and in cases in which patients objected to lying down on a common bed. It is desirable that when the whole floor is covered with a bed, the bedding should be raised a few inches from the floor by a light wooden stage, such stage consisting of several parts, so as to be conveniently moved. Padding of walls may be so securely fixed in a frame as not to be removable by a patient, and may yet be readily taken away by a workman when required. Frame beds a very important alteration for dirty patients, adopted from the Stafford Asylum, efficacy of them having been fully tested by the late Mr. Garrett. A light wooden frame is fitted to the old wooden bedsteads, supporting a firm ticking stretched across it, on which the patient lies, instead of lying on straw. Two such frames attached to each bedstead, and daily changed, scoured, and carefully dried. At first tried only in a few instances, but have been found so convenient that their general adoption in particular wards has been resolved upon. Afford more comfort, and are less expensive, than straw bedding. Often found serviceable; also, in cases where the back of the patient is ulcerated, or disposed to become so; and in some cases it has been thought that the reluctance of patients to lie down at night has been removed by substituting this kind of bed for straw. The character of the airing-courts attached to the wards has been improved by each court, excepting those attached to the refractory wards, being converted into an agreeable garden. In fine weather, a great number of the patients are out during the greater part of the day, &c. It very seldom happens that a plant or a shrub is wilfully injured. One of the airing-courts, on the male side, has been principally planted, and is entirely kept in order by a patient, who is a gardener. Those who have had the most frequent opportunities of seeing the insane in the barren and dismal courts and yards usually allotted to them for exercise in asylums a few years ago, can best appreciate the advantage of the present arrangements. Inducement offered by them to the listless and melancholic, to walk out of doors: found in itself a valuable effect of these changes. To some of them, the large rocking-horses, so constructed that five persons can ride on each at a time, and one or two of which are supplied to each airing-court, offer the means of amusement, exercise, and, it may almost be said, of an alleviation of their malady; some of them evidently forgetting their troubles and irritations when taking this kind of exercise, and some being rocked thus to sleep. Under the large shades erected to screen them from the sun, some of the male patients are generally to be seen sitting, reading newspapers, or smoking and conversing. Female patients often take their needlework out, and thus enjoy the open air and the shade without being unoccupied. Lowering the walls of most of the airing-courts, and substituting iron palisades for walls in some situations, have produced an addition to the agreeableness of them; and the adoption of palisades, instead of boundary walls, in the new airing-courts for the feeble and imbecile male patients, has been found productive of no inconvenience, and affords a free supply of fresh air, and evident satisfaction, to this helpless and hopeless class, who are scarcely capable of

any other enjoyments than those of freedom and tranquillity. From the benefit and success attending the change with other patients, the resident physician entertains no doubt of the practicability of trusting even the patients of the refractory wards in planted courts, where, indeed, they would have fewer means of being mischievous than in the stony and desolate gravel courts formerly universal. *Entertainments* given to the patients during the year (1842), more numerous attended, and more varied in character, than in former years. On New Year's Eve, about 300 female patients partook of their usual entertainment in one of the wards, fitted up with evergreens. Amongst the party, 19 who were formerly always, or almost always, in restraints. During the summer, the matron's birthday was celebrated by a still larger party of the female patients, who drank tea, danced, and played various active games in the field in front of the left wing. Until this year, male patients had not been indulged with any similar entertainments; but in January, rather more than 200 of them, including all who are employed in any way, had coffee and cake in the evening, then amused themselves by singing, dancing, and music—some of the attendants giving able assistance—until 8 o'clock, when they had an excellent hot supper (roast beef and apple pies), with one pint of beer, some tobacco, and a new pipe for each patient desirous of smoking. There was the utmost cheerfulness and good-humour. During the summer, about the same number of male patients had an entertainment out of doors; for which occasion, a band of music was organized, consisting partly of patients. Among the various means resorted to in asylums as auxiliaries to moral treatment, it is necessary to distinguish objects which merely create a temporary distraction of the mind, or a temporary and agreeable excitement, from such as exercise an influence more permanent and salutary to the patients. In the first class may, perhaps, be placed elaborately-painted walls and ceilings, luxurious furniture, very diversified and magnificent pleasure-grounds, and dramatic performances; some of which exercise a doubtful influence, at the best; whilst others are likely to be rather hurtful than useful, by leading the patient into wild and restless trains of thought. But in the second class are comprehended a great variety of employments, not carried to fatigue; and also many natural pleasures, as the aspect of an agreeable garden, or airing grounds; lively exercises; the care of animals; reading, writing, drawing, and music; and well-regulated and simple entertainments; all of which are not only interesting to the patients, but of more or less direct utility. The effect of the entertainments which have been described is, to cheer and console the depressed, as manifestations of the consideration felt for them, and the desire entertained for their happiness; and to interrupt the unhappy thoughts of the more disturbed, with the associations of innocent diversion and joyousness. Such evenings are known to be looked forward to with pleasing anticipations for several weeks, and the patients join in the bustle of preparation for them with alacrity and cheerfulness. If even these effects were merely transient, their advantage might be deemed inconsiderable. But they are not so. For weeks afterwards, the patients retain an agreeable recollection of their "pleasant party." The little indulgences then permitted are found to blend themselves with all the best parts of moral management; and to contribute to secure the confidence and the affection of the insane. The gratitude thus created becomes a bond of great power; for the patients, in general, fully appreciate all that is done, not

merely to protect them from suffering, but to impart positive comfort and enjoyment to them. Several of the cases admitted in 1841 originated in intemperance. In 8 of them discharged cured, temperance and occupation, with general conformity to the regulations of the asylum, constituted the whole of what could be called treatment.

The morning and evening services during the week are commenced by singing three verses of a hymn or psalm, accompanied by the organ ; a short portion of the second lesson for the day is read, and a few prayers from the church service are offered up in conclusion. On Sundays, the liturgy is used, omitting the first lesson ; and the service, when thus curtailed, occupies one hour, beyond which it is considered inexpedient to attempt to confine the attention of patients. A sermon is, therefore, preached only in the afternoon. An occasional service in the two infirmaries for the feeble patients unable to attend the chapel ; chaplain adhering to the order of the daily prayers ; adding, sometimes, a few words of exhortation upon the passage of Scripture that is read. The quarterly administration of the Lord's Supper forms a part of the chaplain's duty. The chaplain, the Rev. S. T. Burt, observes that the number of communicants necessarily depends on the incidental state and religious character of the more convalescent patients. On the last occasion (1842), thirty-eight of the patients attended the administration of the sacred rite. Remarks that in 1841, at the first celebration of the sacred rite, that it was attended by no less than 50 patients, all of whom, after private and individual examination, appeared to him and the resident physician eligible communicants. The number in attendance on week days varies from 150 to 200. At least once a week, the chaplain accompanies the resident physician, or the matron, in their usual visits to the wards ; on which occasions, he derives much benefit from their occasional remarks, tending to throw light upon the character of individual patients, and to render him familiar with the general discipline of the establishment. Dr. Conolly speaks of the necessity and great advantages attending a full and constant co-operation between the resident physician and the chaplain ; they can thus determine, with more precision, the exact cases in which religious attentions and spiritual intercourse are likely to be prejudicial or the contrary. The resident physician furnishes the chaplain with a book describing the state of mind and peculiar delusions of the patient recommended to his care, and the latter endeavours to elicit their moral character before they became insane, inquires into their business and habits of life, and as to how their religious duties have been performed, &c. These considerations form a guide for his future instructions ; and he abstains from systematic religious instruction, unless physician thinks the patient a fit subject. In his sermons, endeavours to place all the important truths of Christianity before the hearers, in their most simple and encouraging form. Thinks the preacher should here present motives to piety, urged with moderation, as though calculated to excite, in a measure, the feelings—yet as being a wholesome excitation—while he should avoid sharp reproof and ideas tending to call up the individual delusion of a patient, and excite his morbid feelings. Besides, manifest necessity of abstaining from all alarming statements ; considers it desirable to avoid dwelling on miraculous and figurative passages of Scripture, excepting such as are at once simple and obvious in their application. Any idea requiring connected comment may be followed by injurious results, when it fixes itself upon a mind which does not possess sufficient power of

thought to embrace the explanation necessary to modify it. Entertains no doubt that there are some patients who join with true devotion in the prayers of the church. He describes the following cases: *Case*.—A female, an inmate of the asylum for eight years; suffered religious depression during whole period; at length began to express some degree of hope, and was persuaded, though with difficulty, to partake of the Lord's Supper. Immediately after receiving the holy communion—her fears having completely yielded to more correct views of divine truth—she became happy, and even cheerful, and remained in that altered state of mind until seized with an illness which terminated her life. *Case*.—An aged male patient, long similarly affected, and from despondency, in vain entreated to attend the celebration of the holy sacrament. Becoming dangerously ill, was again visited by the chaplain, when he began expressing his usual fears; but on the doctrines of the Gospel being presented to him, he gave them immediate assent, and maintained the most perfect composure during the remainder of his illness. *Case*.—A male patient, labouring under very wild delusions on secular subjects, having been frequently present during the intercourse of the chaplain with other patients, began to seek for conversation himself, and eventually stated that a great change had taken place in his mind on the subject of religion. His altered conduct gave unquestionable evidence of the sincerity of his profession, for he constantly showed the deepest emotion when speaking of his former neglect of his religious duties, and dwelling on his present hope of forgiveness. *Case*.—Would allude to this with great diffidence. A female patient, under the most distressing despair; at first interview with her, shortly after her admission, she was persuaded to read a passage of Scripture, and having been supplied with a New Testament and hymn-book, she frequently perused them during the intervals of work. Her bodily sufferings were gradually relieved, without any change in her religious feelings, until, at length, the truths imperceptibly impressed upon her mind enabled her suddenly to overcome her despondency; though, for a time, her hopes were modified by the nature of her former delusion. She has since been discharged from the asylum, and returned to her family in perfect health. Although services of chaplain may be thought chiefly useful in their general influence upon the inmates of an asylum, yet he cannot but regard these cases as important indications of the effect which Christian instruction is capable of producing upon the insane. It is seen that they who have previously been uninfluenced by religious truth, may become, for the first time, impressed with its importance during the period of mental derangement; and that the most delusive dreams of the imagination may allow a place among them for the Christian realities. It is seen, also, that religious melancholy is not the incurable disease which it is generally considered to be; and that the remedy, so far as moral means are applicable, lies in the selection of those particular doctrines which are adapted to correct the erroneous views of the patient. With such patients, his experience has not led him to think that a constant combating of the desponding fear—the course which might naturally be considered best adapted to their case—is calculated to be most efficacious. In the influence produced in the above cases by consolation, which had formerly been rejected, must be recognised an unseen Power acting upon those mental faculties, by the internal condition of which the mind is predisposed to understand and believe; and it is the discovery of this divine agency working upon the susceptibilities of the

insane, that gives the greatest encouragement to their spiritual instructor, and the most confident expectation of success in his ministrations. There are some patients also, who, without having experienced a similar change in their religious character, appear to derive a temporary pleasure from conversation with the chaplain; a fact which leaves little doubt that the doctrines of the Gospel may more or less penetrate the heart, while the mind is unequal to assent to their truth. Dr. Conolly observes, that frequently grateful expressions are addressed to him by the patients, in reference to the consolation they have received from the chaplain's attention to, and conversation with them.

II. Schools—Restraints. 1st. Schools.—In the report of the chaplain for 1842, he observes, that at an early period of his services in the asylum, he had felt it his duty to consider whether the peculiar condition of the patients did not require other than the usual means of religious instruction. The system of classes for reading and catechetical exercises appeared to him to promise the most important advantages. The visiting justices permitting the trial, his most sanguine expectations have been fully borne out. About 30 of the more intelligent patients were at first selected. They usually read the second morning lesson, and afterwards listened to a short explanation; evidently pleased with illustrations taken from a map or scriptural print. Subsequently, classes been increased in number, in day-rooms of respective wards; and as many as 70 or 80 have taken part in them. Encouraged from experiment to suppose that those unable to read can be instructed in the alphabet and spelling. A boy, 14 years old, subject to epileptic fits, of very feeble intellect, unacquainted with the sounds of some of the letters, after ten short lessons was able to point them out and repeat them correctly. The collective system of teaching adopted in infant schools appears to be that best suited for patients, since it excites animation and imitation. A few of the better-instructed among them have assisted in teaching the rest, and showed some capacity for the office, under proper inspection. Thinks other information besides religious might, and should be imparted. In the report for 1843, the visiting justices observe, that at the suggestion of the chaplain, and with the approval of the resident physician, a schoolmaster and schoolmistress have been for a time engaged to give instruction to such of the patients as might be thought capable of deriving any benefit from it. They are instructed in reading the holy Scriptures, in writing, geography, arithmetic, and singing. Number of patients who, up to the 21st of September, have attended the schools, 115 males and 65 females. Number now in attendance (Oct. 18th), 70 males and 40 females. Average number of classes held during day, 5 of males and 4 of females. Average number who have attended the classes during the past week, 15 males and 9 females. Dr. Conolly observes, that no class is occupied more than one hour at a time. Among the readers may be seen some formerly the most troublesome patients; attend with gratification, and observe a remarkable order and decorum; reading each a verse or portion of a page in turn, with attention and correctness. Articulation of some impaired by their malady. Greater number of the readers have been those who had learned to read in former years; but of these several had lost the habit of reading, and have much improved by practice. Power of application, and memory of previous day's lesson, been observed to become strengthened by these daily but not long-continued habits of attention. Teachers have had the disadvantage of

endeavouring to teach those who are for the most part incapable of employment; and, therefore, least capable of profiting by their instructions. Writing has been taught to some previously unable to hold a pen. Others, who had formerly learned to write, were found to have forgotten the art, and required to begin again. Often been observed that on the first day of going to the writing class, would scrawl irregularly; on the second day, would try to imitate the copy; and in a few days, write with care. Take particular pleasure in this, and exhibit copy-books with much satisfaction. Singular difficulty found in teaching these scholars to form each separate letter in cases where no previous instruction before, but this surmounted. Some variety imparted by occasional descriptions of different parts of the earth, aided by reference to maps and to a globe; and in the classes for male patients, simple descriptions of various animals, with pictorial illustrations, have been found to excite a lively interest. Drawing and singing have agreeably occupied a few of them; and a class of arithmetic has been formed on the male side. Patients appear to be pleased with these exercises, and in no instance compulsory. Chaplain thinks this attempt may place the patients—as respects the capability of receiving and profiting by religious instruction—in a more advantageous state, by diminishing torpor of faculties. Dr. Conolly thinks particular rooms would be better than day-rooms, as less liable to interruption.

An elementary school was established at the Salpêtrière, for insane female patients, in 1831, by M. Falret. Dr. Conolly has given an account of his visit to the schools at this institution and the Bicêtre, in the number of the British and Foreign Medical Review for January, 1845. Found M. Falret, one of the physicians of the asylum, sitting in the schoolroom—a somewhat small but comfortable apartment—in which were collected about 100 of the patients, all perfectly orderly, all neatly dressed, and appearing to take as much pleasure in the occupations of the school as those who witnessed them. Some were engaged in needlework, which they chose to continue whilst attending to the singing, recitations, and other proceedings of the school. Almost every one was cheerful, &c. Patients at the Salpêtrière have the advantage of a library, and several of them have read parts of the excellent books allowed for their perusal with so much attention as to be able, when requested, to recite them for the amusement of the other patients. Three or four of the women in the schoolroom were called upon, in succession, to do this. Each immediately stood up with much cheerfulness, and distinctly and pleasingly recited a short story or poem. This was done with great correctness, and it seemed as if the patients knew the whole of some long poems, which they went on reciting until stopped, when they sat down with an equal air of content. During the recitation, many of the other patients appeared to be attentive hearers. Several then invited to join in singing something, and they sung several verses, and in parts, very correctly and agreeably, and apparently without any sane leader. Afterward, an Italian patient sung a beautiful air with considerable skill, to the evident satisfaction of her companions. Saw various specimens of their writing, which were excellent; it was, indeed, with regret that he left the part of the establishment, where, by innocent and improving recreation, the patients pass a portion of each day in tranquillity, and, it may even be said, happiness; and it will be long before he loses the wish to see those cheerful groups again.

MM. Leuret and Volsin established a system of instruction at the

Bicêtre in 1839. Dr. Conolly found the schools here to exceed in interest, if possible, those of the Salpêtrière. Male patients better prepared in general than females to derive benefit from such instruction; also more attentive, and perhaps more able to receive various instruction. Never saw more exquisite penmanship than that of some of the male patients; the drawings of some of them were most beautiful; and he will not attempt to describe the effect of their singing, although he can never lose the impression of it. Here, too, as in the school at the Salpêtrière, the most cheering thing of all was to see the evident comfort and happiness from the various and not fatiguing occupations of the schools; to witness the satisfaction with which the afflicted, the paralyzed, the utterly incurable, exhibited the performances which they yet retained the power to accomplish. If no other end were answered by the formation of schools, they ought to be established, as recreative, palliative, remedial even, in every lunatic asylum.

The words of the choruses for the patients at the Bicêtre have been printed in a little volume; many of the best French poets have given their permission to have their poems inserted, and M. Elevart has adapted those having no music set to them expressly for the purpose intended. M. Leuret observes in an address to the patients on the subject—After allotted labours of day, whether in fields or workshops, no exercise can be more advantageous to you than singing. It assuages pain, and is a certain remedy for melancholy. Grief at separation from ordinary occupations and family becomes from music less acute, and those whose spirits are troubled and restless, will soon enjoy a mental calm highly favourable to recovery. Those tormented with haunting ideas leaving no repose, or fancied injuries or dread of danger from enemies, here soon see the falsity of their ideas, and are tranquil; and amid course of labour and regimen, nothing conduces so much to their cure as the musical exercises. It behooves you, therefore, to sing as much and as well as you can. If the capable refuse, those learning and the melancholy will also be silent. This a great misfortune; have seen patients who, after having been here for whole years absorbed by their malady,—have at length, from having heard you each day, learnt almost involuntarily the songs you sing, and have joined in the harmony. In some instances their reason has returned by slow degrees. Singing according to the systems of Wilhelm and Mainzer. M. Guerry has selected those pieces of poetry which express soothing thoughts and religious consolation. (We give here one of these songs which has been translated.)

THE POWER OF MUSIC.

Sad is my troubled soul,
 My happiest days are o'er,
 Like waves that onward roll
 To death's eternal shore:
 Hope never cheers my heart,
 Tears seldom bring relief;
 Deserted, lone, apart;
 My doom is silent grief.

But hark! what greets my ear?
 'Tis music's softest strain,

Sent my lone heart to cheer,
 And lessen sorrow's pain.
 As the sweet chords arise,
 Emotions new I feel,
 Joy's tears suffuse my eyes,
 My wounded soul to heal.

The patients at the Lunatic Asylum of Rouen attend singing schools and lectures.

In the report of the Lancaster Asylum, dated June 30th, 1843, very favourable testimony is afforded of the effects of a plan of teaching there, comprehending spelling, writing, arithmetic, and singing.

In the New-York State Asylum at Utica, schools for the instruction of patients of both sexes were established soon after the opening of the institution in 1843. In extracts from the Utica report of that year we have given elsewhere an account of these. In the report for 1844, Dr. Brigham observes, that they have been continued, and his confidence in their utility, and even their necessity, for the improvement of many of the insane, has increased.—Find recovered patients to look back to school as greatest enjoyment, and to often allude to it in letters. Believe schools in asylums may be rendered still more useful than even we have found them, by having more perfect arrangements as regards schoolrooms and school apparatus, than we have yet had. In the April number of the *Journal of Insanity* (1845) Dr. Brigham writes as follows: We have three schools for the men, one of which has been managed for the past six months wholly by a patient, the others by a teacher hired for the purpose. One school for the women, conducted by a hired instructress. The schools commence at 10 in the morning, and at 3 in the afternoon, and continue about one hour. They are opened and closed by singing a hymn by the pupils. To enable all to unite in singing, have hymns printed on cards, which each pupil holds in his hand. Patients then read, spell, answer questions in arithmetic, geography, history, &c., assisted by black-boards and a globe. A majority commit pieces to memory, and once in two weeks have a meeting of all the schools in the chapel, when they unite in singing. Then follow declamations and the reading of compositions. In all the schools good order prevails, and many of the patients have made great proficiency. Some have here first learned to read and to write. Several inclined to be discontented, have been made far less so by attending school, and a considerable number already in a demented state, or fast approaching it, have improved in mind and become interested in learning. Occasionally have an exhibition, when original plays are exhibited.

Dr. Pliny Earle, who succeeded Dr. Wilson as physician of the Bloomington Asylum in 1844, observes in his report for that year—During last few months a supply of newspapers and books been constantly kept upon the tables in some of the halls occupied by those patients whose disease is of the most aggravated form, and benefit derived therefrom been astonishing to ourselves. Books are of descriptions adapted to all capacities, and there are few of the patients who have not made use of them. Hence some of the halls formerly the most noisy and disorderly, have become as strongly characterized for their general stillness and good order. Another remarkable feature of experiment,

that destruction of books is probably not half what would occur among same number of children. But one book been seriously injured. Writing-books, arithmetics, and slates been placed in hands of some. Delivers lectures to them on miscellaneous subjects, illustrated by large diagrams and pictures. These frequented by from 60 to 70 patients, whose conduct is marked by order, decorum, and attention. Lectures, sketches in Greece, national and local peculiarities, physiology of the muscular system, &c.

In the Report of the Frankford Asylum, dated March 10th, 1845, it is observed—A course of lectures, as in previous years, on subjects capable of easy and entertaining illustration, with proper apparatus, as anatomy of heart, electricity, &c. Many of the inmates have attended, appear much interested, and some have been decidedly benefited. Managers remark that the females receive daily instruction from a young woman connected with the institution, in reading interesting books, the use of the black-board, &c., with as complete a school organization as circumstances of case and character of pupils will admit. Latter arrangement, which is of recent date, will, they hope, prove advantageous to some of the patients, by arresting their attention, bringing back associations of early life, and agreeably occupying many leisure hours. The physicians observe—The demented compose a large class of our patients, for whom suitable occupation has always been an object highly desirable, but difficult to attain. Some are able to perform domestic duties, but greater part are apparently too sluggish and inanimate to engage in anything requiring much bodily exertion. For this class among the females, it was concluded to try the experiment of keeping a school, which has been regularly attended by them, and some of those afflicted with chronic mania. Reading the most common exercise, but geography and lessons in the first rules of arithmetic also learned by some, with a readiness which evinces a degree of mental effort of which they had long been considered incapable. Order and decorum generally prevail during school hours, and in several ways result so far been satisfactory. Experience, then, encourages continuance of experiment, and its extension to other classes. Effect of school in improving condition of those attending it, unequivocal. Less listlessness and inanity which characterize the demented, greater care of the dress and appearance, and more cheerfulness manifested. When collected, the noisy impose upon themselves a restraint, to which they have for a long time been almost strangers, and which is now observed to influence them at other times. One imbecile patient, long in the habit of walking throughout night at intervals, since becoming interested in the school, is reported by the watchwoman as regularly in bed and quiet.

In the Report for 1844 of the Pennsylvania Hospital for the insane, Dr. Kirkbride makes the following remarks :—Among different means of direct mental treatment, likely to be extensively used in insane hospitals, instruction of certain classes of patients will probably hold a prominent place. Now well ascertained, by direct experiment, that a certain amount of information may be imparted even to the demented, and that their regular attendance upon lessons of an instructor, and devotion to such an object, even where little direct effect is produced, adds to their comfort and to the good order of the wards. Here seems necessary a limited number of attendants of a higher order, released from all ordinary ward duties. Should be men with true Christian feelings, courteous

manners, intelligent and cultivated, and possessed of a peculiar tact. Good to some patients by regular and systematic instruction—to some by reading—to most by judicious conversation. Constant presence of these in the wards will supply a prominent want. Has made arrangements for a short series of lectures by an enthusiastic naturalist. Good effects in hospital, by persuading patients to engage in particular branches of study; and cures of some in instruction of others, referred to in a previous report. Constant endeavours towards same end, and often with considerable success.

Dr. Wm. Stokes, physician to Mount Hope Hospital (late Mount St. Vincent's), makes the following observations:—Institution has derived great advantage from the formation of reading classes, and music, and French classes. Plan, to commit one or more whom we may succeed in awakening a desire to learn to perform on the piano, or the guitar, the harp, &c., to the instruction of another patient acquainted with the instrument; and in like manner in regard to French. Thus, several have been taught to play quite skilfully on the piano, &c., who had never touched a key before; and one lady assures us that she must remain indebted to another patient for renewing that acquaintance with the French which had escaped her through years of neglect. The reading classes, too, have exerted a much more wholesome effect than we could have anticipated. A certain number forms a class around a sister, and each in rotation takes her turn in reading aloud for the edification of the company.

2. Restraints.—Visiting justices at Hanwell think non-restraint system as secure against accidents as one of partial restraints, which has now taken the place universally of the constant restraint of former times. Non-restraint requires constant watchfulness, and the kindest treatment of patients, and forbearance on part of keepers and nurses, under circumstances however irritating. Must be obvious to every one, that whatever means can be applied to cheer and divert the minds of the patients (such as entertainments, &c.), must, at the same time, tend to awaken their susceptibility to kindness—increase the moral control of officers who contribute to their enjoyment—and, in same proportion, diminish necessity of governing them by brute force, and by mechanical restraints.

The disuse of bodily restraints commenced at Hanwell in 1839. On account of want of union of purpose amongst the officers, there were at first many difficulties and much confusion, which afterwards, under an opposite state of things, disappeared. *Extracts from Dr. Conolly's Report of 1841.*—General results strengthen conviction that by abolishing restraints many other evils, considered inseparable from asylums, are at the same time swept away. A prolonged maniacal attack not unfrequently characterized by continual activity, and a most ingenious disposition to mischief. Such patients formerly often injured or ruined by restraints, as saving trouble. Now they are seldom violent, easily amused, and when amused as playful as children; but become uncertain in temper under annoyance of bodily restraints. In commencement of attack, often evident bodily disorder, and one of the most serious evils of bodily restraints, that patients so treated do not receive requisite share of medical treatment. A cherished error of the advocates of restraint is, that it can at least do no harm to the incurable. No patients more permanently injured by it in temper, feelings, and habits. In cases in which no

hope of cure, mitigation of violence, from long absence of any avoidable irritation, extraordinary. *Case*.—A female, admitted in June, 1839. Long insane, and of a violent temper. For some time daily committing or threatening some violence. Restraint freely employed; shower baths and the douche often resorted to, to calm her paroxysms. Baths apparently useful, but restraints seemed only to exasperate her more. At length, every exciting application, mechanical or verbal, being found hurtful, she was spoken to with invariable calmness, and scarcely ever interfered with. Violent fits of passion continue, but seldom uncivil, and ceremoniously polite to visitors. Previous to September, 1839, there were 41 females, almost all of whom were in constant restraint; 14 in restraint chairs, and 20 in a kind of strait waistcoat, called *sleeves*; several in complicated restraints, and some in a chair; and at the same time in sleeves, or the muff, or in leg-locks. All these were liberated before the end of Sept., 1839. Not one has been in restraint since. 37 yet in the asylum, and not one who may not be pointed out as an instance of the improvement of the mental faculties, or of the habits, in consequence of never having been subjected to restraints during two years. Some considered formerly dangerous at all times, are now occasionally seen at the work-table, smiling, and pointing out what they have done. Some who were sinking into dementia, or imbecility, are now lively and talkative. Some, who were said to pursue visitors through the ward, are now never known to do so. A *case* which greatly roused him to evils of restraints, was a young woman in a chronic dementia following attacks of mania six or seven years back. At his first visit, found her fastened in bed by a strap round her neck, one around her waist, and straps to her feet. The sleeves enveloped her hands in hard leather cases, and her hands were fastened by short straps connected with the strap round her waist. Extremely feeble and emaciated; skin in a very irritable state. Could not get out of bed, or raise herself up, or turn, or lift her hand to her mouth. Been kept thus for some weeks. No cause assigned, except that she was troublesome—that she would undress herself—that she was always in mischief. Day by day, with due caution, one restraint after another removed. For a short time, mischievous and troublesome. Would take off her clothes, and stood up instead of lying down on the bed. One day, being looked up in her room, she broke a pane of glass, and stuffed her superfluous wardrobe through it. This discontinued when permitted to come in the gallery. There appropriating viands which she found, the nurse, who disapproved of the improved treatment, was contented to secure her by a long strap to a bench, &c. This being also forbidden, she gradually became less troublesome; and being removed to another ward, slowly recovered strength, and even became fat. Is now incapable of employment and imbecile, but seldom mischievous or troublesome. From altered habits of attendants, they would at present look with a general feeling of horror upon restraint placed upon her. The impression on his mind from this case, that there must be something inherently wrong in a system of treatment, the grossest misapplication of which—witnessed daily by those whose general kindness to the patients was never called in question—appeared to excite no surprise. Impressions made by his experience, as follows:—1. Much difficulty will always attend the discontinuance of restraints, from indifference and indolence of attendants accustomed to avoid trouble, by imposing them on every occasion in which a patient is irritable or mischievous. 2.

Some patients, long accustomed to severe mechanical restraints, are troublesome for some time after freedom of muscular action. 3. This disposition evinced in a proneness to quarrel or fight, or to break windows, or to knock at the door of their bedrooms, during a part of the night. 4. Conduct of the most troublesome of these eventually improves, and attendants gradually learn that they can manage the patients better without restraint than with it. 5. General tranquillity will be conspicuous in wards previously distinguished for excitability and noise; this particularly the case in the epileptic wards, as being more subject to restraint, and more capable of appreciating their treatment. 6. Abusive language, assaults, and acts of violence, will gradually become of less frequent occurrence. 7. A disposition to meditate mischief or revenge will be seldom observed. 8. The patients will be quieter at night, from being more comfortable. 9. The general aspect of the patients throughout the house will become more cheerful and confiding. 10. They will be less liable to manifest irritability during divine service. 11. Cases of obstinate refusal to comply with rules and directions, as well as instances of persevering refusal of food, and attempts to commit suicide, will become less frequent. 12. Improvement will be more readily effected in patients recently admitted, who will be less alarmed and less excited on admission, and sooner acquire confidence in those about them. 13. The abolition of restraints cannot be successful without a vigilant and constant superintendence exercised by a competent number of attendants, under officers zealously united to meet every variety of difficulty, and by every possible resource. 14. Attendants most attached to restraints will be least alert in carrying these resources into practice, and the most prone to use secret violence; and to abuse seclusion until it becomes as objectionable as restraint itself. 15. In a properly-arranged asylum, with efficient officers and attendants, acting under one uniform system, scarcely any conceivable case can occur in which the security, cleanliness, and comfort of the patient may not be provided for, and the safety of all the patients secured, without mechanical or bodily restraint, and with fewer troublesome consequences than when restraints are employed. 16. To effect these objects, number of attendants need not be extravagantly great. At Hanwell, it is only in the proportion of one attendant to 18 patients; but the patients must never be left unattended during the day. By no means indispensable for attendants to possess unusual bodily strength. First requisite, to be humane, to gain good opinion and confidence of patients. Must be capable of acting with great patience, and also with firmness and courage. Their business to *prevent* mischief, and not to punish it. When required to seclude a dangerous patient, must assemble quickly and quietly; must avoid harassing the patient by controversy and useless contradiction; and, having accomplished their purpose, must disperse quietly. These directions continually acted upon at Hanwell, and the plan has a considerable effect on the patients, who are perfectly aware that they will not be unnecessarily interfered with; but that when interference is necessary, it is sure to be effectual. With regard to religious services in this connexion, observes—Like every other part of a system that appeals to what remains of the reason and the feelings, a perfect trial of what could be effected by spiritual means was incompatible with modes of treatment which produced gloom, discontent, or ferocity. Ordinary public services at Hanwell were much more liable to interruption before the disuse of

mechanical restraints ; and those interrupting the services were always such as had been the especial subjects of mechanical restraint. Then Sunday a day of more than usual anxiety ; whereas now, no day in which aspect of whole asylum is more comfortable and tranquil. The management which a careful superintendent will be continually learning in an asylum, is *forbearance*. Scenes presenting at first sight an aspect of confusion and violence, will generally resolve themselves into simple elements, if calmly surveyed for a few minutes. Furious gestures, threatening language, and abusive epithets, if not met by irritable and angry measures, commonly subside in a short time. Calm persuasion often efficacious against apparently determined disobedience. Firmness and determination may be often required, but anger or passion always leave an uncomfortable impression that they have been at least superfluous. Since disuse of restraints, has observed a considerable improvement here in the ward attendants—the very imposition of restraints in itself inducing bad feelings between the attendants and the patients, and making them speak ill of each other. Now, patients in refractory male wards not unfrequently to be seen grouped around an attendant, who plays some instrument for their amusement ; and patients, violent at other times, afford essential occasional protection to the attendant, when suddenly taken at disadvantage by some other violent patient. In female refractory wards, patients usually found either assembled round a work-table with the nurses, or sitting by them on benches in the airing-court, or riding with them on the rocking-horses. In both male and female wards, an appearance of good feeling between patients and attendants ; and, when necessary to use some force, either to ensure seclusion, or to administer a bath, it is done after long attempts at persuasion, with a quietness, promptness, and efficacy, by which the patient is taken by surprise, and obedience ensured, without anything being done to give offence.

1842—Resident physician has now but the agreeable task of recording that time and patience, and the zealous co-operation of all the officers of the asylum, have enabled him to overcome many obstacles, and confirmed the belief—now established beyond likelihood of ever being overthrown—that the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that, after the total disuse of such a method of control, the whole character of an asylum undergoes a gradual and beneficial change. *Case*.—A middle-aged woman ; spirits greatly depressed ; had attempted to destroy herself, but was perfectly tranquil, and spoke rationally. When strait waistcoat was removed, talked more cheerfully. In a few days busily employed and content, and gradually got quite well. *Case*.—A young woman, insane one month ; brought in a strait waistcoat ; wrists and ankles ulcerated, which she said was done by “those infernal irons.” Expressed great satisfaction when the waistcoat was removed, and evinced a feeling of still more comfort when put into a warm bath. Lively and noisy, talked loud, sung, and laughed ; face flushed, eyes animated, and had all the usual symptoms of acute mania. Mere removal of restraint evidently prepared way for recovery. Kind and rational management soon completed it. In two days, engaged in sewing. A few weeks afterward, employed in matron’s kitchen ; and in two months from time of admission, left asylum perfectly well. Patients sometimes brought to the asylum with ulcerations and impaired power of lower limbs, from restraints and straw beds, who put on an improving appearance so soon as they are

allowed to get up and walk about. *Case.*—A poor German; in lying down observed to adopt the most singular positions to relieve back from pressure. On being allowed perfect liberty of movement, and good food and porter, ulcerations healed, and physical state improved. For a few days always in motion, and seemed not to understand any word or sign; but within a week, played several airs on the flute, with considerable skill. State of mind of a patient of ordinary sensibility, on arriving at lunatic asylum, usually somewhat agitated. Confidence then to be gained, and first steps of successful treatment to be taken. Manner in which addressed, attendants to whom confided, personal interest taken in them by the officers, wards in which they are placed, employments assigned to them, all matters of great consequence—not only by allaying immediate anguish in many cases, but as exercising an influence over every curable patient throughout stay in asylum. 1843—Impression confirmed by experience of last twelve months that, by the abolition of physical restraints, the general management of the insane has been freed from many difficulties, and their recovery in various degrees greatly promoted. Effect of principles, as expressed in former reports, are to remove, as far as possible, all causes of irritation and excitement from the irritable; to soothe, encourage, and comfort the depressed; to repress the violent, by methods which leave no ill effect on the temper, and leave no painful recollections in the memory; and in all cases, to seize all opportunities of promoting a return of mental health. Every separate article of treatment, every prescription, every direction, has these objects more or less immediately in view. In proportion as, by these means, all the accidental aggravations of insanity are avoided or removed, and general tranquillity and contentment produced in communities of the insane, opportunities are presented of trying to what possible extent faculties which have been neglected, or misdirected, or ungoverned, may be brought to healthy, orderly, pleasurable, or useful exercise, and the mind be restored. To this great end of all treatment, has always looked upon the abolition of restraints as merely a means, and intellectual except in combination with a uniform system of kindness and consideration—prevalent throughout establishments for the insane—and maintained by zealous and humane officers and attendants, under an appropriate and undivided direction. Exactly in relation to the combination of these influences, and to their undeviating and steady application, will be progress of the insane to that state in which important resources, yet untried, or tried very partially, may be applied to the remedy, or to the relief of their malady. Capacities of feeling, and of intellectual action, and of pure, varied, and elevated enjoyments, preserved to the insane in many forms and stages of their affliction—and even when it is incurable—are becoming developed beyond expectation in many institutions directed by persons of intelligence and humanity; and will doubtless become more manifest as the delicacy required in the management of infirm minds becomes more generally appreciated.

When the use of restraints has been done away with, the means employed in their stead have been summed up as follows:—“*Moral suasion; garments made of strong materials; the holding, by an attendant, of the body or limbs; padded rooms; windows shielded by wire screens; seclusion and the shower bath.*” This summary we proceed to illustrate, by reference to the Hanwell and other asylums. Dr. Conolly states that the douche is now seldom resorted to at Hanwell, producing no good ef

fect beyond that of the shower bath, and distressing the patient much more. He finds the *shower* bath the most effectual means of subduing violent excitement: the patient being placed up to the middle in warm water. It should be suspended, says he, when patient appears overcome, and instantly renewed when symptoms of violence occur. A strong shower, even for a minute, has sometimes considerable effect; and it is never many minutes prolonged without careful observation of patient's state. After four or five applications of this kind, the patient becomes entirely subdued; and should then be taken out of the bath, rapidly dried, warmly covered up, and put into bed, with every possible demonstration of kind attention. Calmness and sleep are the usual results; and more permanent effects frequently follow. A bath of this kind seems to produce a moral, as well as physical, impression; being succeeded, in recent cases, by tranquillity for a few days; and in chronic cases, by quietness and improved behaviour for many weeks, and even for months. In his report for 1839, he remarks—"For patients who take off or destroy their clothes, strong dresses are provided, secured round the waist by a leathern belt, fastened by a small lock. For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to those parts of the dress is found convenient. Varied contrivances are adopted, with variable results, for keeping clothing on those who would otherwise expose themselves to cold at night; and warm boots fastened round the ankles by a small lock, instead of a button or buckle, are sometimes the means of protecting the feet of those who will not lie down. Those who are in the habit of striking suddenly, tearing the bedclothes, &c., sometimes wear a dress of which the sleeves terminate in a stuffed glove, without a division for the thumb and fingers. But no form of strait waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs, or any of the muscles, is now in use. The coercion chairs, about 40 in number, have been altogether removed from the wards." As in a measure qualifying the preceding remark relative to varied contrivances, &c., we here insert a paragraph in Dr. Conolly's report for 1842:—"Wildness and irregularities of patients entering the asylum often rapidly subside, and their habits conform to the general order and decorous routine so remarkable in majority of the inmates. Continued operation of a tranquillizing system has produced effects even on the character and manners; and, as it would seem, on the disposition of not a few of the old and incurable patients; several of whom, formerly accustomed to meet the officers with endless complaints, seem now to have lost their fretfulness, and to be satisfied and content. Accidents, anxieties, and agitations must always be incidental to any house in which all forms and varieties of mental disturbance and disease are accumulated; but the resident physician believes that all the officers of asylums who are experienced in both methods of treatment, have found, or will find, that the liberation of their patients from restraints has lessened the frequency of accidents, and diminished the agitations and anxieties of those having charge of them; so that even the various contrivances at first required for the prevention of evils and inconveniences formerly opposed by restraints, as strong dresses, seclusions, and window guards, become less required." In illustration of these remarks of Dr. Conolly, it may be stated, that at the Lincoln Asylum, where the non-restraint system first originated, they have attempted to disuse even seclusion, trusting altogether to holding the patient through the hands of

attendants. But to proceed, the visiting justices of the Hanwell observe, that where, as in the case of the violent lunatic, the above-mentioned means (vigilance, kindness, forbearance, comforts, employment, amusements) would not be found sufficient to guard against a paroxysm of fury, then, as a last resort—and, as it has proved, an effectual one—the patient is placed, with the least possible violence, in seclusion. In some instances, it is true, the shower bath may be required as a medical remedy; but seclusion in a room in ordinary cases has been found, and usually in a short time, to produce the desired effect. Here, the sources of irritation, whether fancied or real, are removed from sight; the patient has no painful instrument of restraint to torment him; and thus left to himself, without the means of injury within his reach, he soon recovers his usual temper and condition of mind. In addition to these safeguards, carefully-padded rooms have been provided for the epileptic liable to injury from falls; low bedsteads, and beds covering the rooms, for those patients formerly kept strapped to prevent their rolling out of their beds, peculiarly-constructed dresses for those who would otherwise destroy them; these, and other minor contrivances, are designed to meet the various contingencies as they arise, and to ensure, so far as human contrivances can ensure, the safety of the patients by other means than those which at once torture the body and exasperate the mind. When those most prone to mischief were left unrestrained, they indulged their propensities freely by breaking the glass of their rooms and wards. Breakage of glass in 1840 doubled that in 1839. Remedied by wirework guards fixed to the windows. They are convinced that less cruelty in this system than old; for being accustomed to examine discharged patients as to their treatment, only one ever complained. Dr. Conolly says that it is especially necessary to be guarded against extravagant notions of *seclusion* set forth by opponents of non-restraint system: it is a simple exclusion from the irritable brain of all external causes of additional irritation; secures without irritating bindings; is better than restraints with respect to other patients; very seldom fails to tranquillize in a short time; is easily effected, whilst restraint often involved a severe and irritating struggle; and does not tend to excite revengeful feelings. But to secure these advantages, must be remembered, that the term is applied to the temporary confinement of a lunatic in his own bedroom; sometimes with the light partially excluded, sometimes almost entirely; that it must not be hastily resorted to; not carried into effect with anger, but steadily accomplished, when persuasion fails, by a sufficient number of attendants; that it must not be accompanied with irritating expressions, nor applied as a punishment, nor unreasonably prolonged. All instances of seclusion should be promptly reported to the medical officer or matron; state of patient in seclusion should be ascertained, from time to time, through the inspection plate; and any appearance of contrition should be met with kindness. After half an hour, or one hour, or two hours, in different cases, the practicability of putting an end to the seclusion should be tried, except in instances where a longer repose of the brain is plainly required. Seclusion so carried into effect at Hanwell; and although many days in the year in which there is not a single patient in seclusion any part of the day, frequent opportunities of witnessing its remarkable quieting influence. Attention frequently directed in visitors to this. He does not think that restraint ever exerts this salutary moral effect. Speaks of indignation of those on whom restraints were forcibly

imposed, their fierceness in running about the wards in a strait waistcoat, &c. When the angriness, ferocity, and sullenness characteristic of some of the wards in which restraints were habitually employed (as in the epileptic wards) are contrasted with the present indications of confidence and general good temper, firmly impressed that general bad effects of restraint, and its liability to abuse, are immeasurably more pernicious than anything that can be occasioned by its discontinuance. After the trial already made at Hanwell, and a frequent revision of every kind of troublesome case, the resident physician can only concede that there would be some *convenience* in putting certain patients in restraint, who have the inconvenient habit of suddenly striking those about them; but even this convenience would be only temporary, for it cannot be continually applied. Seclusion, therefore, although it does not wholly remove the difficulty of such cases, is a better temporary resource, as it neither leaves the patient offended, nor aggravates his combative propensity, which restraint always seemed to do in exact proportion to its severity and duration. No patients in the asylum were more dangerous to approach than those who were fastened every day in restraint-chairs; and no patients have improved more signally since their entire liberation. He never presumed to say that no possible ease could ever occur in which a resort to restraints might be found convenient: but he has not yet met with one related case—with one imaginary combination of danger and difficulty—of which he does not know, from actual observation, that the management is practicable, and the evils avoidable, without having recourse to such measures. Incidents exemplifying the success attending the persevering application of diversified means to all kinds of cases, instead of restraint, are too frequent and too numerous to be repeated. *Case.*—Acute mania; very troublesome at night from restlessness; various medicinal applications tried without success, and room and dress so arranged, that his restless nights could be followed by no bad consequences on his health, but never fastened to his bed. At length occurred to house surgeon, that malt liquor sometimes proved an agreeable sedative. A bottle of Scotch ale was given to the patient at night with the most satisfactory effects, and continued for some weeks; quantity then gradually reduced, but its omission for a single night was still followed by bad effects. During this time patient, who had been reduced to the state of a skeleton, and was generally excessively noisy, has become fat, and in all respects greatly improved. Less striking cases, however, among the more unhappy victims of restraints; restless, helpless creatures, seldom speaking, and seeming almost wholly stupid, and scarcely exciting attention. In a case of this kind, a poor, feeble man, could not be always induced to lie down on his bed; he sometimes remained a great part of the night, or the whole of it, standing at the door, as if ready to come out. Slept much by day, seemed well nourished, seldom spoke, and never complained, but ankles began to swell. Continued attention from the night attendants and the keeper of the infirmary, together with a frame-bed, at length habituated him to lie on his bed at night; and he may now often be seen by day no longer sleeping, or stupid, or silent, but cleaning the knives and forks, polishing the fire-irons, and pointing to and telling result of exertions, and appears in perfectly good health. If he had been fastened in his bed, by hand or foot, he would have become less and less capable of exertion, lost his health, and remained in restraint every night until he died. Dr. Conolly has found opium of utility, sometimes giving

it only at night, and at others in repeated doses in the day. Grain doses of the acetate of morphia at night, and smaller portions in the day. Upon the whole, he prefers, as a sedative, hyoscyamus, giving 3ij of the tincture at night. But he adds, it should never be forgotten in a lunatic asylum, when a patient is noisy at night, that a copious draught of cold water is often a better sedative than any medicine. By this means, and by allowing the patient to wash his hands and face, and by a quarter of an hour's quiet conversation with him, and by causing his bed to be re-adjusted, a patient may occasionally be tranquillized, who would otherwise disturb his neighbours for hours. In other cases, the unexpected offer of a little bread and meat, or bread and cheese and beer, is very successful, although it has not been thought expedient very often to resort to it. These trifles important, not merely because they give the patient a quiet night, but because they also interrupt the habit of being noisy in the dark. He speaks highly, in cases of excessive excitement, of shaving the head, and applying the ung. ant. tart. freely to the scalp.

In 1831, Dr. E. P. Charlesworth, the attending physician at the Lincoln Asylum, observes, that as the disposition of some of the patients to tear their blankets is occasionally a cause of their being confined by the wrists at night, he recommends in such cases that the blankets should be enclosed within strong Russia sheeting, quilted; and it was made a regulation in 1835, that strong dresses of barragon, or sacking, be procured for the patients who tear their clothes, to prevent necessity of restraints. A visitor to the Lunatic asylum at Northampton, in England, observes—Eighty-three per cent. of all the patients are employed, and 94 per cent. of the male patients. The non-restraining principle is applied here in its ultra form. In one instance, the day I was there, the bed and bed-clothes of a patient were completely changed four times between 8 and 12 o'clock—a warm bath prepared each time—and the patient washed, and her clothes changed throughout, rather than use severe measures for correcting or counteracting her propensities. In violent cases, the patient is placed alone in a room well aired and lighted, where there is nothing destructible, and treated with all the kindness which he is capable of receiving. It is observed in the report for 1841 of the Lancaster Asylum, that some changes have been made in the clothing of the patients. Many, who destroyed or refused to wear shoes, have been supplied with cloth boots, which, causing no uneasiness to the feet, and not being readily cast off, they have allowed to remain on. Unsightly appearance of barefooted patients thus obviated, and warmth given to the extremities—a matter of no small moment as a remedial measure. Such patients as are of destructive habits are supplied with clothing of strong materials, and constructed in such a manner that it requires considerable force and ingenuity to destroy the fabric; and in every instance where male patients have exhibited a strong propensity to take off their clothing, they have been supplied with a jacket and trousers both in one, and made to button up the back—an ingenious contrivance, that has admirably effected the desired object. In all cases of violent excitement, if gentle persuasion fails in subduing the irritability of the patient's mind, he is removed as carefully and mildly as possible to his own room, where he is left alone; or, if circumstances require it, to a room into which is admitted a subdued light, and so constructed and prepared that he cannot injure himself. Every precaution taken to avoid substituting physical force for physical restraint. A regulation of asylum, that when the

shower bath is used with a view to correction, the patient must be brought to it mildly, &c. After being under it a sufficient length of time, he must be gently wiped, and soothed by kind language; and when he is placed in bed, clean sheets and a clean shirt must be provided. In report of 1842, it is stated that decided advantage has been experienced among a restless class of patients, who were liable to get up at night, or who perversely threw off their bedclothes, by simply attaching a piece of tape to each corner of the quilt, and fastening it to the bed-stock, so as to form no impediment to the free motion of the body or limbs. In almost all such cases, a quiet night's rest has been secured, and the propensity has ultimately been overcome. A visitor to Bethlem observes—Bethlem contains patients of every description. On the day of our visit there were 360 within its walls, of whom 90 were convicts, sent thither from their prisons by government. The others were of all classes and stations, nearly equal of both sexes, and suffering all the varieties of insanity. But except one man in a *padded dress*, like a carter's frock, within which the mischievous hands were confined to his sides, there was no constraint visible.

The asylums in Great Britain which have discarded restraints entirely cannot be said to be numerous. The testimony, however, of these is, we believe, altogether in favour of the plan; or, rather, the superintendents of such asylums give it as their *opinion*, after a trial of the new system, that it is preferable to the old. A remark of Dr. Conolly should also be given here—"It is, moreover, an important fact that in the only asylums in England in which attempts are known to have been made to abolish restraints, the experiment is known to have been successful." The experience at the Gloucester Asylum was, that "all the patients are as securely managed, and are governed with much less difficulty and disturbance without, than with mechanical assistance." The physician of the Edinburgh Lunatic Asylum says—"For 18 months I have not considered it necessary to use personal restraints on any occasion during the day. In one case (a suicidal patient), I have been reluctantly compelled to make use of it during the night; but with a larger staff of attendants, or a building on the plan of the new establishment, I would have been enabled to dispense with it even in this instance." Dr. Hutcheson, of the Glasgow Asylum, observes—"I have been enabled to carry out the system completely, without increasing the number of the attendants, and with the happiest effects. Not only are the patients quieter and more orderly, but a great saving of glass, furniture, bedding, &c., has been effected, the amount of seclusion has been diminished, and the habits of the patients much improved. Greater attention, forbearance, tact, and kindness required in the attendants; but much less struggling, and less physical force used, than under the old system; infinitely less seclusion also." Is of opinion, that personal mechanical restraint in no case necessary for the mere treatment of insanity in an asylum; and that in all cases it is prejudicial. The Lancaster Asylum is next in size to the Hanwell, of all the British asylums. Dr. De Vitre and Mr. Gaskell state, in the report of 1841, the year in which restraints were abolished, that on taking charge of the institution they found 29 persons wearing either handcuffs, leg-locks, or strait waistcoats—exclusive of between 30 and 40 patients who were chained down during the daytime on seats like water-closets; moreover, during the night-time all the epileptic and violent patients were chained or otherwise secured in bed. An established

custom to place every case on admission under restraint during the night-time, for a longer or shorter period, as might appear expedient. Patients nearly always were much improved after the removal of restraints. Dancing and other amusements of importance at all times, but still more so in an institution where the patients are undergoing a change from a system of coercion to one of comparative freedom. In report for 1842, it is observed, that with a view of diminishing, as much as possible, all harshness of treatment, attempts have been made with great success to induce patients requiring the shower bath to submit to it voluntarily; but in some few instances it has still been found necessary to use coercive means during its administration. In report for 1844—System of moral management and control, in contradistinction to mechanical restraint and coercion, strictly adhered to; and since first adopted, only once been found necessary to depart from it, in the case of a very violent and uncontrollable epileptic patient, who had got an impression that the medical officers durst not have recourse to any coercive measures—such as were formerly in constant use—no matter how outrageous his conduct. This patient was placed under restraint for six hours, with the best effects as regarded himself, and with great advantage to several patients in his gallery, who had, through his instrumentality, shown symptoms of great insubordination. It was with some reluctance that such a measure was had recourse to, and it was not adopted until all ordinary palliative means had failed in producing the desired effect.

The eminent Mr. Samuel Tuke, who must be placed in the first rank of those whose benevolent exertions have raised the insane from darkness and chains to light and kindness, has the following observations in his introduction to Dr. Jacobi's work on Hospitals:—It may be observed, that the degree in which personal restraint is required towards the patients depends very much upon the character of the attendants. Many fits of excitement, or acts of violence, which appear to justify coercion, would be prevented by a little kind consideration and judgment. *Restriction* of the power of attendants, and the not allowing them to impose personal restraint, without the consent of the superintendent, has a tendency to lead them to cultivate the arts of prevention; and it may now (1841), I believe, be said to be established that, under fair management, the number of patients subjected to any kind of mechanical restraint, either by day or by night, will rarely exceed five out of a hundred, and sometimes no one out of this number will be found to require it. I freely acknowledge the conviction that there are cases in which, under the most favourable management, we should best consult the feelings of the patient, as well as the comfort of his companions, by the application of mechanical means of restraint. Have seen the patient ask for restraint; have witnessed this in connexion with a strong disposition to strike others, as well as with an occasional rushing impulse to a particular means of self-injury. I apprehend that some restraint upon the free action of the body must be imposed, either by the *passive* resistance of mechanical applications, or by the active coercion of human force. If not restrained by a strap, are there no other means for attendant to *overawe*? I fear and believe there are; and that in the struggles which cannot fail occasionally to take place, fear may be excited, sufferings be inflicted, far more distressing than those from the right application of mechanical restraint; with this additional disadvantage, that they are less open to public notice. Nothing more to be deprecated than protracted struggles

between the insane and their care-takers. In our large institutions, attendants must be left, to a very great extent, to carry out the directions of the superintendent in their own way and spirit; and this, our knowledge of attendants as a class, hardly justifies us in expecting, will ever *generally* be the best. Liability to abuse and perversion, even under enlightened management, deserves consideration; but if the system has to be carried out by a reluctant or inefficient officer, or is left mainly to the ordinary attendants, there can be hardly a doubt of its inexpediency. In meantime, consideration which the proceedings at Lincoln and Hanwell have induced, as to whether, in our respective asylums, we may not safely and advantageously, at least, still farther diminish the amount of personal restraint, is operating, and will continue to operate, very beneficially.

The Commissioners of Lunacy, whose duty it is to visit all licensed asylums in England and Wales, in their report to the Lord Chancellor (1844), give no decided opinion as to the respective merits of these systems, but they rather incline to doubt the propriety of the total disuse of mechanical restraint, and cite several cases to show the danger of this course. They say the care of violent patients is more expensive where no mechanical restraint is used; the safety of attendants and others is sometimes endangered, and in some instances the patients are much more calm and disposed to sleep when confined by a proper apparatus, than when held by attendants. They remark—"In some asylums, both public and private, the superintendents and proprietors state that they manage their patients without having recourse to any kind of restraint whatever. In other asylums, it is affirmed that the disuse of restraint is their rule and system; and that its use, in cases of necessity or experience, forms the exception to the rule. Those who profess the entire disuse of restraints, employ manual force and seclusion as parts of their method of management, maintaining that such measures are consistent with a system of non-restraint. It is said by these persons, that when any of the limbs (as the legs or hands of a patient) are confined by the strait jacket, the belt, or by straps or gloves, he is under restraint; but in cases where he is held by the hands of attendants, or when, for any excitement or violence, forced by manual strength into a small chamber or cell, and left there, it is said that restraint is not employed, and the method here adopted is called the 'non-restraint system.' In those cases where patient is overpowered by a number of keepers holding his hands or arms during a paroxysm of violence, it is said there is no mechanical restraint. Here restraint of some sort or other is manifest; and even in those cases where the patient is forced into a cell by manual strength, and prevented from leaving it until his fit of excitement shall have passed, it is difficult to understand how this also can be reconciled with the profession of abstaining from all restraint whatever, so as to be correctly termed 'non-restraint.' It seems to us that these measures are only particular modes of restraint, the relative advantages of which must depend altogether on the results." With respect to seclusion, they observe—"As a temporary remedy for very short periods, in cases of paroxysms of high excitement, we believe seclusion is a very valuable remedy. We are convinced, however, that it ought to be used only for very short periods; and that it should not be permitted as a means of managing and treating those persons who are permanently violent and dangerous."

The editor of the *Medico-Chirurgical Review*, in the number of

that admirable journal for Jan., 1845, has some remarks on the subjects of restraints, and particularly with reference to the testimony of the commissioners. He says, the *practicability* of totally abolishing all mechanical restraint in asylums chiefly destined for the reception of chronic cases of insanity, has been completely demonstrated at Lincoln, Hanwell, and Lancaster. That, however, whether as regards the lunatic himself, his attendants, or his fellow-patients, its indiscriminate proscription, especially in establishments where only recent and often violent cases are received, would be most injudicious, we have often stated in this journal; and we are glad to find that the dispassionate inquiries of the commissioners have led them to the adoption of a similar view. They state that the opinion is unanimous, upon the part of the superintendents of insane establishments, that the condition of the insane has improved in proportion as mechanical restraint has been disused. In point of fact, it is nearly practically abolished in public receptacles. In 17 of these, containing 2868 patients when visited, there were but 24 persons under moderate restraint; and while weekly average at Bethlem was 11 in 1839, it was only 3 in 1843. But few medical officers, however, approved of the power of using it being totally withdrawn; and the commissioners relate several examples of serious accidents resulting from its total disuse. Upon the score of humanity, Mr. Tuke, and numerous other well-qualified observers, prefer its mild employment, as subduing impetuosity with least suffering to the patient. Its universal abandonment would be attended with great expense in additional attendants, without corresponding advantage. Its abuse must be guarded against by its infliction requiring sanction of physician, and its duration being faithfully recorded. The same precautions are required when seclusion in dark cells is employed.

With respect to the asylums on the Continent of Europe, the principles of the non-restraint system appear to have exerted but little influence. Kohl, in his work on Russia, gives, however, an account of an asylum at St. Petersburg, in which it seems these ideas are put in practice. Behaviour of attendants polite and courteous; every fresh patient received very respectfully, and first taken into the society of the most rational of the lunatics, who have some politeness. Here shown interesting collections and productions of art; refreshments brought to him; is invited to a game of billiards or backgammon, or may converse; indulged in everything, as far as possible, and thwarted only in that which might be hurtful to him. Employment, the beauties of nature, pleasant society, and recreation; and, on the other hand, darkness, solitary confinement, and ennui, are the principal engines employed to excite and to encourage, to soothe and to tame. Next day, a new-comer is conducted to the workrooms of the patients, where they are engaged in carpenter's and pasteboard work, spinning, knitting, sewing, embroidery, &c. If he fancies one of these, pains are taken to teach him, as it were, in play; but if aversion continuous to all bodily exertion (reading in the library being allowed to only convalescing), he is taken to a solitary apartment. If complains of ennui, is led back to workrooms and again begged to work, being promised permission to join the tea-parties. If insusceptible of ennui in the light room, and persists in apathy, or begins to be violent, is shut up in the cushioned room, from which even the most outrageous soon wish to be released, because maddest persons feel the need of light in their wildest undertakings, and darkness seems intolerable, even to the

most phrenzied imagination. The asylum at Palermo, in Sicily, has been classed amongst those employing the non-restraint system ; but if it be an institution commendable in some respects, it is certainly not so in others. We give an account of it, taken from a traveller in Sicily, during the year 1844—" We saw nothing in this house or its arrangements to make us think it superior, or very different from others we had visited elsewhere. Cleanliness, good fare, a garden, and the suppression of all violence—these have become immutable canons for the conduct of such institutions, and fortunately demand little more than ordinary good feeling and intelligence in the superintendent. But could not fail to observe a sad want of inducement to occupation apparent throughout the asylum. Not one woman in four could be induced to *dress according to her sex* ; they figured away in men's coats and hats ! Dining-room hung with portraits of some merit by one of the lunatics. Have a dance every Sunday evening."

We proceed to give the latest opinions of superintendents of insane asylums in the United States, as expressed in the reports of these institutions for the year 1844. Dr. Ray, of the Maine Insane Hospital, writes as follows :—"Thinks that an unwarrantable prejudice has been excited in England against restraints, from the unfortunate errors previously existing in the opposite extreme ; as for instance, at Lancaster. From such practices never having been allowed in our asylums, we cannot sympathize in this strong feeling. Nobody doubts that an asylum could be conducted without them. Question at issue, whether welfare of patients promoted by disuse, and this not settled by the fact that some hospitals are conducted without them. To authorize disuse, must be proved either positively injurious to patient, or that their intended object can be better obtained in some other way. First consideration attending disuse, increased number of attendants—thus increased expense—which in many parts of our country would forbid any establishment at all. This not the ground of his defence, however, of mechanical restraints. In most cases where now used in American hospitals, has no hesitation in saying that they are far preferable to the vigilance or force of attendants. The object is gained more surely, more effectually, and with far less annoyance to the patient. The one arouses feelings of various kinds, the idea of eluding vigilance or overpowering strength of attendant, or anger, as the author of the patient's sufferings ; the other is inert matter, and excites no feelings. For instance, when a patient continually converts abrasions of the skin into ulcers by scratching, or a suicidal patient is bent on tearing open a wound on his neck, the attempt to prevent these is very difficult and irksome ; whereas a simple strap answers the end in view, at the same time leaving considerable freedom of motion. Another case is that of a highly excited, restless, and strongly suicidal patient. In the one case, the night is spent in a series of irritating struggles with the attendant ; while in the other the patient is left to comparative quiet. Another, exhausted by sickness, and needing repose, is constantly endeavouring to rise from his bed ; conversation and movements of attendant only excite his attention, and maintain the morbid activity of his brain. The bed-strap of Dr. Wyman holds him gently upon the bed, and he falls to sleep. Often, to prevent a patient from doing some improper thing, two or three attendants must use such force as to exhaust and irritate him ; whilst the muff or mittens would be far less annoying. Very often, as to the same patient in the same condition, mechanical restraints are substi-

tuted for the personal efforts of an attendant ; and the superiority of the former shown by the superior calmness and comfort of the patient while under their application. To the objection that they leave unpleasant impressions in recovered patients, he says he never knew this in cases really restored. To the objection of their liability to abuse, to save trouble or gratify spite of attendants, says, in Maine Hospital, and he presumes in all others in this country, no restraint can be applied, except by order of an officer. His rule to use no more, and continue no longer than necessary to effect object in view ; and in all cases, comfort of patient, not attendant, is consulted. In well-regulated establishments, number under restraint is always very small. While writing this, not a single patient in the institution under restraint ; this often the case for many days together. Occasionally may amount to 4 or 5, but probably would not average more than 2 or 3 (average of patients 70). To objection that they chafe the skin and produce sores, says this doubtless occasionally happens ; but if restraint is discontinued as soon as it is observed, the evil is not a very serious one. The above objections may be urged with far more propriety against the substitute than the original. An attendant is very apt to use more force than he intended, and the patient is apt to imagine himself hardly dealt with ; this impression even remaining after recovery. Patient often believes his path beset by enemies ; and constant presence of attendants at his side would confirm this impression, and also prevent sleep at night. Still, whether this disuse of mechanical restraints in some foreign establishments be persisted in or not, I am willing to admit that the experiment thus far has strengthened the important truth—that kind words and interesting employment will be found, much oftener than we have been in the habit of believing, a successful substitute for their use. Considering proneness of times to ultraism of every form and hue, we can hardly be surprised that seclusion, or solitary confinement of the patient to his own room, should have been included with mechanical restraints, in the same category of condemnation. The experiment of dispensing entirely with seclusion was lately tried at the Lincoln Asylum, England, very much to the satisfaction of the medical officers. That seclusion is liable to great abuse, and that it may be entirely dispensed with, are points that may be admitted without touching the true question at issue—whether comfort and recovery would be promoted by abandoning its use in every case and in every stage of the disease. The idea of introducing a furious, raving maniac—vociferating in the loudest tones and using the most revolting language—into the company of patients tolerably quiet, is preposterous. But evil would be scarcely less, if such were associated only with others somewhat like themselves ; for result would be that they would increase one another's excitement, and effectually prevent even its temporary remission. His way of treating such cases is by seclusion in strong, comfortable rooms, so furnished that they cannot injure themselves, and so ventilated and warmed that they may divest themselves of all clothing, and still be sufficiently warm. Here they can expend their fury without let or hindrance, neither disturbing nor being disturbed by others, until the excitement passes away, when they are gradually introduced into the company of others. This change must be very cautiously made ; for if premature, or effected too suddenly, nothing more common than to see the excitement rekindled by the looks, and acts, and voices of others. In cases, too, of more moderate excitement, occasional seclusion for an hour or two at a

time is a most salutary measure ; and does not see how it could be dispensed with, without risk of great injury to the patient. Occasional seclusion also valuable, as a means of moral discipline. Patient understands that so long as he does not annoy his fellow-boarders he can associate with them ; but otherwise, he will be subjected to temporary seclusion. This an impressive lesson of self-control, which would be absent if no seclusion was used. It may be carried too far, and must be necessarily, in hospitals poorly provided with means of classification. In such, a little superfluous noise, merely because it disturbs others, leads to seclusion in the solitary, with bad effects. Condition of patient should be only test of its propriety, while the comfort of others should be provided for by suitable architectural arrangements. Deeply to be deplored that a measure of so much importance as seclusion is too often used, in consequence of defective construction, for patients to whom it is quite inappropriate ; and but very imperfectly applied to those on whom it would have a salutary effect.

Dr. Bell, of the McLean Asylum—Been an object constantly kept in view, to reduce the restraints upon the volition and the feelings, as well as the actual personal restraints, to the lowest degree compatible with the patient's welfare. Have, as intimated in former reports, no ultra or exclusive views as to entire disuse of apparatus to abridge the muscular movements of the highly excited. During last three quarters of the year (a memorandum enables him to state the fact), it has been judged proper to use, on the male side of the house, a single restraining measure—that of the muff to the hands of a patient disposed to destroy his eyes—and some form of restraint, in a few instances, on the other side of the house, for reasons deemed imperative. That "restraints" in these few cases might have been avoided by the substitution of hands, is probable ; but it is difficult to appreciate the advantage of such painful, irritating, and less secure substitutes, as a universal rule. No reason is yet seen for cutting an institution off from the proper employment of measures occasionally valuable, by a dogmatic adherence to any ultra or exclusive rules, such as may, in other countries, have become popular, if not expedient, in consequence of an honestly generated popular prejudice against "restraints." In all cases, except a few of the kind above referred to, ability of an institution safely to dispense with restraints of all kinds will depend principally upon its means of employing and educating an adequate number of good attendants. His reliance been mainly upon the aid of as many assistants as could be well employed. Having a *carte blanche* as to these from the trustees, intention is, that the substitution of mechanical for human guarding shall be a rare exception to the general rule. Present number of competent assistants in immediate care and constant presence of the patients, not less than 25, exclusive, of course, of the number otherwise engaged (asylum accommodating 150 patients). With such a force, doubts not that in some years its register may show a clear page as regards the use of restraining apparatus, or coercive administration of food ; in other years, it is equally believed that the highest exercise of skill and humanity might sanction occasional departures from the general rule.

Dr. Earle, of the Bloomingdale Asylum—Means of bodily restraint—"tranquillizing chairs," straps, muffs, wristbands, mittens, and other appliances for the confinement of the body and limbs, have been considered as necessary evils, or perhaps, by some, as necessary promoters of good,

in establishments devoted to the accommodation of the insane. Hence they have been employed, even to a very recent time, to a much greater extent than was necessary. In his individual experience, has found that in proportion as he has become acquainted with the insane, with their tempers, dispositions, habits, powers of self-control, and capabilities of appreciating the ordinary motives which influence the conduct of mankind, has his opinion of the degree to which these means are necessary, diminished. His practice has corresponded with this change of opinion, and the results have been eminently satisfactory. At present no patient upon whose body or limbs there is any apparatus of restraint. In the men's department none during last six weeks; and in but a single instance during last three months. A patient, whose ordinary conduct is unexceptionable, but who is subject to sudden and uncontrollable impulses to destructiveness, acting under the influence of one of his paroxysms, broke a chair and some windows, and wristbands were employed two days. So-called "tranquillizing chairs," for many years used here, were taken from halls in April last, and neither of them has since been used. Heretofore customary to keep a supply of the other kinds of restraining apparatus in each hall throughout the establishment. About the 20th of November, everything of the kind was removed from the men's department, and deposited in the physician's office, where it has since remained undisturbed. (Average, 55 males; date, end of year.) And yet, during the period that he has been connected with asylum, has been no equal extent of time in which there was so general a prevalence of quiet, order, good feeling, contentment, and reasonable conduct, as during last six weeks, and appeals for confirmation of this statement to officers, attendants, and visiting committee. It is not asserted, for it is not his opinion, that restraints upon the limbs are never necessary; on the contrary, he believes there are cases in which the application of them is the most judicious course that can be pursued. Once heard a patient beg most earnestly to have her hands confined, lest she might injure herself. Now a female in the asylum, who is subject to frequent and very violent spasmodic paroxysms, or "fits," in which there is an uncontrollable propensity to bite herself. If her hands be unconfined, she immediately plunges her teeth into the flesh of the forefinger, the upper portion of the thumb, or the arm. Has no hesitation in regard to the propriety of confining the hands in a case like this. One of the means of restraint among the most simple, effectual, and least offensive to the patient, is the *camisole*, only distinguishing peculiarity of which is, that the sleeves are about twice the length of those of ordinary garments. This being on, the patient's arms are folded, in the manner frequently adopted by persons in health, and the two sleeves are tied together behind. Thus there is no pressure upon the body or limbs, no liability to abrasion of the skin, as with the wristbands and muffs, and the limbs are in a position as easy and agreeable as any in which they can be placed. Says he believes attendants are fully disposed to carry out his views as to the use of mechanical restraints; but that if, when deprived of resort to means of bodily restraint, under the obstinacy, perverseness, &c., of patients, they still succeed in their duties without cause for censure, they must have achieved a victory over themselves, such as is attained by comparatively few of their fellow-men, and have reached a degree of moral excellence that would be meritorious in the more conspicuous walks of life.

Dr. Brigham, of the New York State Asylum, at Utica—Treatment of

violent maniacs.—Many of this class brought to us in chains, or with their limbs confined by strong cords. These, in all cases, immediately removed; and the patient is kindly addressed, and assured that he is among friends who will use him well. Is also told the truth, in the presence of those who accompany him, respecting the asylum, and the object for which he is brought to it. He is then taken to the apartment which he is to occupy, and permitted to have his liberty; but his attendants are directed to watch him carefully, and if he is disposed to be violent, to strike, to break the windows or furniture, to put him in his room. Most of the rooms for patients of the same size, none smaller than 10 by 9 feet; but those for the violent class are, in some respects, more comfortable. They are well ceiled with boards, handsomely painted, which makes them warmer, safer, and better for patients than those with plastered walls. Upper part of the door opening into the hall from each room is open lattice-work; so that the patient can look into the hall, and be constantly seen from it. Window which lights each room is well secured by a strong lattice shutter, so open, that the patient can look into the yard or garden. If disposed to tear his bed or bedding, they are removed from the room during the day; and if we find, from our own observation, that he tears his clothes, and that no persuasion or watchfulness can prevent it, we usually enclose his hands in leather muffs, or in mittens of leather or strong cloth, or apply soft leather or cloth wristbands. These the only methods of restraint for the most violent patients. In no case use ropes or chains, or the strait jacket. Occasionally have a patient who would exhaust himself by walking, jumping, or standing up continually, that we fasten in a gentle manner to a chair or bed, for a short time. But none of these methods of restraint are long continued, without giving the patient an opportunity of showing that they may safely be dispensed with. Much prefer that a patient should occasionally break a pane of glass, or tear some of his clothing, than to keep him constantly confined. Give him, therefore, frequent opportunities, and place before him inducements, to exercise self-control. As we have said, no part of establishment made so comfortable. Assign to this class a greater number of experienced and discreet attendants than to any other, some of whom remain constantly with the patients, and two of them sleep in the same apartment. This class now at the end of the first or basement story of each wing, which is easy of access. Have no detached or out-buildings for patients, nor do we intend to have, as we deem it important for the welfare of the insane, especially the violently deranged, that they should be placed where they can be readily and frequently visited by the physicians, the matron, and other officers. Utmost care to ensure comfort of this class, by properly ventilating and warming their apartments. Some are disposed to destroy their bedding, or to remove it from them, and thus liable to suffer from cold at night. These give much anxiety, and resort to various methods to ensure their comfort. To prevent their suffering from cold during the night, find nothing better than a dress of woollen blankets, open behind, and with the sleeves and legs extending below the hands and feet, and sewed up at the extremities. Covering the whole body, and fastened behind, it will usually be kept on during the night; though, in some cases, have to enclose the hands in mittens. Effectually secures from cold, especially the feet, which is most difficult, yet very essential to guard against during the night. During the day, a few patients wear strong loose gowns; which, in cold weather, for those

that are feeble, are padded. Never allow a patient to be punished. Sometimes withhold some little favour, or promise some additional gratification, such as visiting museum, if he will refrain from hallooing, &c. Rarely shower patients with cold water, except in warm weather, and when they request it for their comfort. Sometimes do not use it when we think it might be useful, for fear of its being considered a punishment. More frequently apply cold water directly to the head, without wetting any part of the body; and this we find very useful in cases of great excitement. But never allow attendants to do this without an order from one of the physicians, and do not permit a large quantity; a little is sufficient in cases where any is required. Find the warm bath, especially if long continued, with cold water gently applied to the head at the same time, often very effectual in quieting excited patients, and disposing them to sleep. But this a very changeable class; often those whom we are obliged thus to treat, become better in a few days, and are placed with the most quiet. To no one object are our efforts more constantly directed, than to diminish the number of this class, and to dispense with all kinds of restraining apparatus: although we most firmly believe, after much reflection and inquiry, and repeated attempts to entirely dispense with it, that some restraining apparatus such as we have mentioned, is not only essential for the comfort of patients, but, in some instances, preserves their lives. Most of the recovered under above treatment are conscious of this, and grateful. Some few never appear to comprehend necessity of any kind of previous restraint, even being sent to the asylum; they generally complain, in such instances, of the cruelty of friends, &c., telling long stories of it. Every one who has had much to do with the insane, soon learns that by kind treatment and attention they are far more easily managed, and much less troublesome, than when they are neglected, or in any manner abused. Rarely admit visitors into apartments of easily-excited patients, though most frequently visited by officers and managers.

In the report of the Frankford Asylum, it is observed—As a necessary result of this system (kindness, candour, and forbearance), when carried out by efficient and intelligent officers and assistants, is the removal of all mechanical means of restraint, except in those rare instances where, in its simpler forms, it produces no excitement, and prevents the sacrifice of important curative means.

Dr Kirkbride, of the Pennsylvania Hospital for the insane—Gross abuse of restraining apparatus in European institutions has produced a reaction, bidding fair to place some of the same in the first rank of those where there is a general absence of restraint. Although well understood that in the hospitals of the United States, with perhaps a few exceptions, restraint has been resorted to to a much smaller extent, it will scarcely be denied that, until within a few years, much more was employed than was either proper or justifiable. From information from nearly all the regularly-organized institutions for the insane in this country, has no doubt that less real restraint is employed in them than in the same number of asylums in any part of the world. In this country, cruelty, immoderate restraint, and ingenious but barbarous contrivances to control the insane, are rarely, if ever, found in properly-organized hospitals. When they do exist, it is in the almshouses and jails, and in the private dwellings of the inhabitants. Non-restraint system, meaning the disuse of mechanical restraint, must, of course, be substituted by less

objectionable forms. A properly-constructed building—an efficient organization—a more numerous body of more active and intelligent attendants—all the means to prevent excitement, kindness and tact, and temporary seclusion—are part of the substitutes. Few familiar with insanity will now assert that restraining apparatus is frequently required, or that many patients can be benefited by its use. The question appears to be, whether it is ever justifiable, or ever employed, without injury to the patient. Believing firmly that the improper use of restraining apparatus, combined with long-continued seclusion, has been, and ever will be, productive of the worst effects, and go far to render intractable curable cases of disease, is still of opinion, that a few of the simpler means may occasionally be employed with advantage to a patient. Judging from his own experience, the per centage in any hospital for whom these means are indicated, is exceedingly small; and for considerable intervals, none will be required. Rule should be, that no apparatus was in use—its employment should be the exception—while, at same time, long periods of seclusion are not to take its place, as being still more injurious. One advantage in disuse of restraints, that should never be overlooked, is, that it brings into activity in attendants, watchfulness, &c., and shows great power of kindness and firmness, which otherwise would have been dormant. Although probable cases do exist, yet never saw a patient that required any other form of apparatus than the bed-strap, mittens, or wristbands, with a belt around the waist, or still simpler substitutes for the mittens. Of the 592 cases which have been in the hospital, does not hesitate to say, that all might have been treated without any mechanical restraint, had there been such a determination, or any pride in the declaration. Feels equally confident, however, that in the few cases in which the mild means already referred to have been employed, effect in some has been to prolong, if not to preserve, life; in others, to diminish violence and serious danger; and in scarce a single one, to have been productive of the slightest injury of any kind. Restraining apparatus kept in office of physician; and, like medicine, never prescribed unless a decided indication for its use. Never applied but by express direction of physician; and when applied, never kept on longer than he believes it likely to obviate a great danger, or to promote the comfort and benefit of the patient. In 1844, 285 patients under care, and average number 151. Have embraced nearly every variety of insanity, and the usual proportion of violent and otherwise dangerous patients, several being brought strongly ironed. Five males and four females have been kept on their beds, one male and three females have had on the connected sleeves, and one male has had a common buckskin mitten attached to an undercoat sleeve. Bed apparatus never used for more than a few consecutive nights, on any patient, and on some for only a single one. In every instance applied to break up the habit of standing during entire nights, and to prevent the exhaustion which a determined refusal to assume a recumbent position seemed likely to induce; and these objects were attained, in a great measure, in every instance. Connected sleeves are large enough to allow ample motion of the arms on each other, and make no pressure on any part; were used, in one instance, to prevent an uncontrollable inclination to rub an abraded surface; and in the other cases, to control peculiarly disagreeable habits. Buckskin mittens were sufficient to prevent certain injuries to his dress, in a patient determinedly addicted to it. Amount of seclusion has been small, and of short duration.

Dr. John R. Allen, who, under the new organization of March, 1844, took charge of the Kentucky Asylum, observes in his report—"A leather belt, with wristbands, or leather muffs, for the violent or mischievous, and a few hours' confinement in a dark room, have generally been sufficient for the worst cases; and a cold bath, judiciously administered, always successful in controlling the most vicious."

Amongst the rules of the Western Asylum of Virginia, published with the report for 1844, we observe the following:—"The muffs, mittens, or wristbands, are never to be put on, unless by order of the superior officers." With regard to the remaining asylums in the United States, that is, those from whose reports we make no extracts, we have not noticed any remarks in those documents, for the year 1844, bearing upon the subject of restraints. We presume, therefore, that in their management no material change has taken place in this respect. Doubtless, however, as is evidently in a measure the case with respect to those asylums whose reports we have quoted, the voice from over the seas has reached most of our institutions for the insane, and tended to reduce still further the small amount of restraint which is found in them. We venture to state, however, that the superintendents of American asylums are, in a body, distinctly opposed to the exclusiveness of an *entire* and *total disuse* of mechanical restraint.

Suicide.—Dr. Conolly. Report of 1841.—During year, 8 patients (5 men and 3 women) admitted, after manifesting suicidal intentions. Others also in the asylum. Difficult to ensure here proper degree of attention. As often cases of melancholia, restraint seems by no means desirable; and the effects of a kind and confiding system of treatment are often immediately seen. Whenever disposition remains long, vigilance of attendants must be great; and whatever tends to make this apparently unnecessary, adds to the danger. Before restraints were abolished at Hanwell, were occasional attempts by patients to convert the instruments of restraint into the means of suicide. *Case.*—A woman, æt. 45; a few days before admission attempted to cut her throat. An injury of the head, by a fall, had predisposed her to unusual excitement at particular periods. Leeches to head, aperients freely given; and suicidal disposition never returned. Soon got well. In other cases, low spirits seem connected with a state of the brain, removed as the patient gains strength. This in men and women between 50 and 60; and perhaps earlier in men than in women. Are carefully watched, but increased bulk causes cheerfulness to return, and suicidal tendency to vanish. The most conciliating treatment being indispensable in all cases of this kind, they are quite unfit for restraints. Among numerous patients at Hanwell, are sometimes three or four supposed to meditate self-destruction at the same time. They are watched during the day, and frequently visited during the night; and either placed in rooms affording no facilities for their object—the beds being, in some cases, placed on the floor—or, more generally, put into rooms where other patients sleep—a measure always advisable, if the patient is not noisy or violent. Sheets are always removed, shutters properly secured, and rooms carefully searched. Patients, in general, seem much impressed with these precautions, the intention of which is not always concealed from them, and the impression seems to militate against continuance of the suicidal disposition. There are always, however, some cases against which scarcely any prudence can guard; as patients who have been long in the asylum, and with long

periods of tranquillity, have paroxysms in which suicidal ideas revive, and sometimes with very little warning. Gives such a case, the patient cutting his throat, and requiring constant watching to prevent the wound from being torn open. Paroxysm subsided in a few weeks, and now trusted as an excellent helper. May eventually accomplish his object. But if restraint were used, it must be constant; and this would cause suicide, by rendering life intolerable. Instances of occasional refusal of food been rather numerous during last year. In some difficulty been overcome by varying the food; in others, by very patient endeavours; and in a few, the stomach-pump has been used. This been only necessary in cases in which the refusal was from obstinacy or delusion, and its frequent repetition has not been found requisite in any case. Physician avows that he consented to give it to one case—a patient dying of chronic disease, after being long epileptic and maniacal—from the apprehension that his refusal would be cited as cause of patient's death. Futility of attempt was proved by the low fever in last days of his life, and the general disease evident after death. 1842—Four cases during last year in which food has been obstinately refused for a time; and in two of these stomach-pump was deemed requisite—in no case more than twice. A male patient, admitted in a very miserable state; at first refused food, and seemed obstinate. Assistant steward, Mr. Clift, long used to the ways of the insane, took some cake into the infirmary where patient was, and sitting down opposite to him, began to eat it. Patient looked on for a short time in silence, but finding himself apparently unnoticed, begged to be allowed to have some, and ate it with much satisfaction. After that time, took his ordinary food. Upon the whole, all additional experience strengthens the resident physician's unfavourable opinion of instrumental means in such cases. Advantage is limited to a small number of them; they have an unfavourable influence on the patient's mind when often resorted to; and their employment is by no means free from danger in weak and violent patients. Eleven of the admissions suicidal. Attempts made by 9; 6 females. One female made 3; another tried twice to accomplish the same end; and a male patient made 4 attempts in a few days, by four different methods. None were successful. Eight of nine patients still in asylum, and seem free from the impulse. Several melancholics have an almost constant impulse to suicide, but without the will to commit it. Every attention that anxiety can suggest, is continually paid to such patients; and prevention of so many attempts has been wholly due to vigilance and attention to directions of officers and attendants, without having recourse to any bodily restraints. From number of suicidal, all precautions in a large asylum liable to be baffled; and the severest restraints have been fully proved to be useless, as means of prevention. There are, however, several patients in the asylum, in whom a long-continued course of kindness, and a life free from all avoidable discomforts, have seemed entirely to overcome the propensity. The chief security against suicide would seem to be, even in the insane, removing all mental and physical uneasiness from them.

Report of Bloomingdale Asylum for 1844.—Dr. Earle—"Entire prevention of suicides in asylums seems impossible. A patient, being disposed to destroy himself, was placed, with his hands muffed, in a room from which every article of furniture had been removed. Succeeded in his object, by getting into the window, and throwing himself head fore-

most upon the floor. A female, deprived of other means, strangled herself with her hair. Should every patient suicidally disposed be placed constantly under corporeal restraints asylums would be odious in appearance. Moreover, as above, this method not only affords no perfect security, but appears to increase number of attempts, by rendering the patient more strongly determined to execute his fatal purpose. At the Bethlehem Hospital, from 1750 to 1770, when every patient was under restraint, suicides were as 1 to 202; whereas, during the last twenty years (when restraints have been but little used), proportion has been only 1 to 963."

In the report of the Frankford Asylum, dated March 1st, 1845, it is observed—"The use of severe mechanical restraint was formerly deemed imperative in most cases of suicidal insanity; but while it fostered uneasiness and discontent, it too often proved useless as a means of prevention. We have had several cases of this description under care, and have reason to believe that the systematic course of kindness and sympathy pursued towards them, and the watchful care to avoid everything calculated to produce mental distress or physical discomfort, have been eminently conducive to overcoming the propensity."

Dr. Kirkbride, after enumerating the restraints employed in the P. H. for the Insane, says—"In no single instance have the means referred to been employed on account of violence or suicidal propensities."

Dr. Brigham—So frequent in society are suicides, that it is surprising the friends of such persons do not secure them from this fatal consequence of disease. Whenever illness, or circumstances in a man's social, domestic, or other affairs, is followed by a striking change in character or conduct, there is reason for the apprehension of dangerous results. If he becomes reserved and melancholy, loses his affection for his family and his business, prefers to be alone, is undecided in his purposes, and restless and sleepless at night, there is indication that immediate action in his behalf may be necessary to his safety. He is fast approaching that point where reason is overwhelmed, or is exercised but to justify the act of self-destruction. Only security for such persons, the constant care of a judicious friend, or still better for their recovery, a residence in a well-directed asylum. Removed from objects of solicitude, new thoughts and feelings are excited; suitable medical treatment is applied; and, in most cases, they are restored. The important truth to be inculcated is, that persons who have exhibited the above symptoms are insane; and for their own personal safety, and that of others, need restraint and appropriate treatment. *Case.*—Art. 38; a farmer, in good circumstances, with small family. Poor health for some time from dyspepsia, but gradually became melancholy, lost his interests in business, his energy and decision of character, and passed much of his time in useless regrets about his unhappy condition. On admission to Utica Asylum, had been melancholy about 8 months. During that time, had twice attempted to commit suicide, and had frequently secreted knives with this object. At other times, thought he might procure death by killing another person; but relinquished this, from idea of acquittal as insane being mentioned to him. Calm and rational in his general conversation, and at times cheerful and even mirthful. Again would give way to melancholy feelings, when idea of self-destruction was constantly before his mind. Conversed freely on his condition, but had no belief in possibility of his recovery. Gradually, by a combination of laxatives

and tonics, and remedies tending to restore the tone of the digestive organs—the use of the warm bath, and the change of circumstances attending removal from home—his health improved, gloom passed off, and in about two months returned home in usual health. In a letter soon after, says: “I feel it my duty to say to you, that no one disposed to suicide ought to be allowed to carry a silk handkerchief, for I know it is a great temptation to commit the act.” *Case.*—Æt. 27; amiable, and a kind mother; insane from continued religious excitement of Millerism. Thought she had committed the unpardonable sin, became very melancholy, restless, sleepless, manifested tendency to suicide, and endeavoured to cut her throat. At this time, conversed intelligently on many subjects; but husband becoming alarmed at her condition, brought her to asylum, and she soon returned home perfectly well. Medicines used, extract of conium and carbonate of iron, with sulphate of morphine—in sufficient doses for sleep. Morphine appeared, in fact, to cure her, as for a short time it was omitted, and she became worse. *Case.*—Æt. 34; single. Insane but a few days when admitted. A very worthy man, a Methodist. Had poor health for some time, became very nervous, sleepless, and finally insane, without any very obvious cause. Had refused to take food, with view of starving himself; and was otherwise inclined to suicide. Declared to his friends, when they left him, that although thus far prevented, he was resolved to destroy his life if possible. Warm bath several times, laxatives, as he was constipated, and put on sulphate of morphine, to procure sleep. Soon began to improve, and left asylum in about three months entirely well. Prominent symptoms in this, as in the preceding cases, was extreme depression of the feelings, without manifest delusion of the intellect. Change of scene and associates, together with quieting remedies, the means of his restoration. *Case.*—Miss —, æt. 40; had been a housekeeper, and by hard labour for several years, accumulated \$150, which she sent to a sister in England. Sister did not receive it, and from supposition that it was lost, became deranged. At times appeared quite rational, and then would again relapse into an anxious, timid state of mind. Thought that murderers were pursuing her; that she was to be burned or cut in pieces; to avoid which, she attempted to destroy her own life by cutting her throat. So strong this determination, that she afterwards repeatedly tore open the wound, and was received before it was healed. By great caution, prevented from injuring herself, and returned home in about four months entirely well. After she began to convalesce, money was returned from London. Warm bath, laxatives and tonics, compound tincture of bark, and wine, the only remedies used. *Case.*—Æt. 40; a farmer; married; a very worthy, intelligent, and industrious man; became much disturbed in mind while attending a protracted religious meeting. For a short time quite happy, but soon became melancholy, and despaired of his salvation. Thus four or five months before entering asylum, much of the time melancholy, with no disposition to attend to business, or to labour, and said that all feeling and affection for his family and friends had left him. At times disposed to suicide; and his friends becoming fearful in this respect, placed him in asylum. Appeared to be dyspeptic, and to have some biliary derangement, and was put upon a slight mercurial course for a short time, with laxatives and warm bathing. This was followed by the extract of conium and iron, with elixir proprietatis, and he soon began to recover, and left asylum in perfect health in about three months.

Case.—Miss —, æt. 20; single. From much attention to religion during a revival, became nervous and sleepless. Complained of a heavy pressure on her head, and had disturbed dreams. Though accustomed to labour, ceased to be industrious, and to take any interest in her usual domestic duties. Also, lost flesh, became melancholy, said she should never be any better, that the effort of thinking distressed her head. Bled and blistered, and took cathartics at home, but without any relief. Her melancholy increasing, friends became apprehensive of her committing suicide, as she said she did not wish to live; therefore brought to asylum. Soon began to amend, on the use of the warm bath, laxatives, and the extract of cinchona and iron, with morphine at night for sleep. In about two months, regained health and spirits, and soon after left asylum wholly well. Might adduce many more instances: friends here took the alarm in time, and prevented dangerous results. Course pursued at the Utica, with those disposed to suicide, consists in constant watchfulness both night and day, the removal from the apartments of everything likely to tempt them, or to make them think of committing the act. (A rule being that the clothes of suicidal patients, and every dangerous article, are to be removed from their rooms at night.) No patient is allowed a razor, knives and forks are counted after each meal, and at night those believed strongly suicidal are either placed in rooms where there are no means by which they can accomplish their object, and the watchman is directed to give especial attention to them, or several are placed in one large room in which an attendant sleeps. We also exert ourselves to divert their minds by exercise, labour, or amusements, and to remove any bodily disorder that may exist.

By referring to the treatment of Dr. Brigham, given elsewhere in the present work, it will be found that his treatment of suicidal insanity is based upon the same general principles which he employs in other forms of the disease. And the same remark applies to the treatise of M. Falret on suicide, published in 1822, and that of Mr. Winslow in 1840. Both of these works are now before us, and we discover that the treatment recommended in them is pretty much that in vogue for insanity generally, at the time these works were published. Indeed, M. Falret observes, that the medicines most esteemed for efficacy in mental alienation, are those which succeed best in the suicidal tendency. It may be observed, that neither of these writers have much to say about restraints, though they strongly advise watchfulness. Mr. Winslow, however, somewhat inveighs against the outcry against restraint, saying many lives have been lost from want of proper security when desire had been exhibited.* We add a few remarks from each. *Falret*—Recommends exercise and manual labour; games for the rich, and travelling. Although agrees with Pinel as to ill effects resulting sometimes from bleeding, yet thinks it necessary to avoid opposite extreme; and to have recourse more frequently, though with reserve, to evacuations of blood; principally in neighbourhood of affected organ. Warm baths, prolonged many hours, often successful. Cold water to be applied by a sponge or by linen, during time of bathing. These means should be seconded by cooling remedies internally, mild sedatives, and sometimes even mild purgatives. Vomits frequently useful in course of malady; especially and incontestably useful in preventing relapses. External derivatives have appeared

* For further remarks on restraints and also on schools, see Appendix.

to him in general to have good effects. Antispasmodics and narcotics, rarely useful in mental alienation, may, however, do good, if indicated especially. Tonics often indicated towards close of malady; bark may produce happy effects in intermittent suicide. Mentions an instance, in which development of disease was arrested by leeches to the neck, and Seidlitz water, the individual being subject to attacks of it. In general, does not suit to reason with them; long conversations are little calculated to cure. Physician should assume towards them the most kind and tender air. In cases of resolute propensity to starve, speaks of pressing behind lower jaw, and introducing the sound, and also secretly leaving food near them. *Case*.—A female of the Salpêtrière, on the 20th of December, 1815, kept the most complete silence, and refused all aliments. This obstinacy persisted until the 1st Jan., 1816, although all ordinary means had been employed. This day, Professor Pinel offered her a *cornet de bonbons*, and pressed her to accept this New Year's gift. By a sudden motion she seized it, and began to eat, covering her head under the bedclothes. From this moment, took nourishment without difficulty. Refusal of food often depends, especially in commencement of insanity, on disorder of stomach, and is transient. Not requisite here to use compulsory means; an emetic frequently dissipates this condition. It is necessary to be cautious in suspecting all the insane who refuse aliment, to aim at suicide, for we may thus originate such ideas. *Winslow*.—*Case*.—A young lady, passionately fond of music, manifested an inclination to kill herself; sent to a hospital, and carefully watched. Idea of suicide not removed, until allowed favourite instrument, the harp. When disposition to suicide is present, presence or not of cerebral congestion should be carefully ascertained. Loss of a small quantity of blood has frequently been known to remove propensity. If general bleeding inadmissible, cold shower bath often productive of much good. *Case*.—A young lady; suicidal disposition; communicated particulars of malady to an eminent living physician, bitterly lamenting the unfortunate feeling. After various remedies, without much relief, cold shower bath every morning recommended. In 10 days, desire entirely removed, and never afterwards returned. If cerebral irritation present, bleeding injurious: here friction on spine, antispasmodics, gentle aperients, and alteratives. A timely-administered purge has been known to dispel the desire. Disease of stomach and liver frequently incite to suicide; hepatic affections notoriously affect equilibrium of mind. Many a case exhibiting an inclination to suicide, has been cured by a few doses of blue pill. Irregularity of uterine organ may cause disposition: emmenagogues here. In some cases, a blister kept open in neighbourhood of head has effected much good. In others, issues been beneficial, particularly if cerebral congestion. Says it should be recollected by physicians, that patients have often disposition for one means of destruction, passing by others, and committing suicide long after inception of disease by the especial method. Sufficient attention not paid to precuratory symptoms of disposition. In two-thirds of cases, act preceded by premonitory signs; which, if attended to, prevent development of propensity.

SOUTHERLAND.

CLINICAL LECTURES ON THE THEORY AND MEDICAL TREATMENT OF INSANITY. By Alexander John Southerland, M.D. 1843.

SAYS that delusions are frequently connected with morbid impressions of the nerves, and thinks it of great importance in the practice to attend to these altered perceptions. Thus, an old sportsman labouring under insanity with hypochondriasis, thought, from the *asafœtida* in a compound galbanum pill, that he had been metamorphosed into a fox, and that he was to be turned out next morning before the hounds. Patients either with or without the sensation of pain about the *præcordia*, imagine that they are possessed with devils, or have live animals in their stomach; we should never overlook such symptoms. Those refusing food, it has been too often the habit to order to be fed with the stomach-pump, without considering the bodily symptoms. Is confident that the majority who refuse to eat, do so because there is irritation of the stomach and *primæ viæ*; an emetic or purgative will generally dissipate the symptom. It is frequently of service to place the patient in a recumbent posture, in order to see whether the symptoms are relieved or aggravated by the blood's gravitating to the head, as this serves as a useful guide in the employment of remedies. Unless there be some bodily disease, as fever, a patient should never be allowed to remain in bed during the day, as the recumbent posture will, of course, favour the congestion. In each case, observe the state of the pulse and the skin; feel the head; see whether it is hot all over, or in one part only; whether the extremities are cold; whether the tongue is loaded or dry; whether the bowels are open, the urine free, and, if the patient be a female, whether the catamenia are regular. Next observe the breathing, and the action of the heart; pass your hand over the right hypochondrium, and feel whether the liver is enlarged, or whether the abdomen is distended with flatus; and whether there be tenderness about the *præcordia*. Examine also the beating of the carotid and temporal arteries. When the patient has his head back, look if there be any scar on the neck. The expression of the countenance, the complexion, the colour of the conjunctiva, and the action of the iris, must all be carefully noted. When observing the eye, ask the patient whether he sees motes floating before him; and this may lead him to speak of his illusions or hallucinations. When you have exhausted these, ask about his sense of smelling; inquire whether his taste is altered; then examine his hearing, and lastly his touch. You will now be prepared to draw him into conversation, in order to ascertain whether his emotions are changed, or whether one or more of the faculties of the mind are disordered.

Purgatives very important, from the great frequency of constipation. Mercurial preparations very useful, not only for their purgative effects, for stimulating the liver and relieving it of the congestion so often found in recent cases, but they are of great service in equalizing the circulation in the capillaries; thus, in those cases where, from the heat of head, the injected conjunctiva, and other symptoms, we have to fear congestion of the cerebral vessels, they are manifestly indicated. In cases where there is reason to suspect incipient paralysis, or even where the disease has begun to develop itself, he has derived much service from the liquor

hydrargyri bichloridi, given in 3ss. to 3ij. doses, two or three times daily, with occasional purges. The importance of continuing this medicine for a considerable time has not been sufficiently insisted upon in such cases; it is long, indeed, before the specific effects are felt in the constitution; and it does not seem necessary that these effects should be produced in order that the good results should follow. In the first stage of mania, when there is heat of skin and of the head, it is as well to give a full dose of calomel, repeated for 2 or 3 nights in succession, according to circumstances; or blue pill may be given with the extract of colchicum, to procure an abundant discharge of bile. These will be of great service if the tongue is loaded, and the conjunctivæ yellow. If the patient refuses medicine, the endermic method may be employed. If he has recovered from the acute stage of mania, and the evacuations are still unhealthy, and the action of the liver sluggish, with much general debility, it is useful to give the nitro-muriatic acid in a light, bitter infusion. The extract of taraxacum is likewise a drug which has its use, both as acting on the liver, and for its diuretic effects. It may be combined with the aromatic spirit of ammonia, in cases where there exists depression of spirits or flatulence. Of vegetable purgatives, jalap and rhubarb are most in vogue. The house-medicine at Bethlehem Hospital is calomel and rhubarb; that of St. Luke's, the former, with jalap. Where you wish to have a copious discharge from the exhalent vessels, and to draw upon the excretory ducts of the mucous glands of the intestines, and to increase the secretion of the kidneys, jalap is a most serviceable remedy, and one which you may, generally speaking, safely employ. If you wish a more powerful drastic purgative, you must have recourse to elaterium; but this will seldom be either necessary or safe. Two habitual cathartics with him are first; a purgative, with some bitter vegetable infusion, as the mist. gentianæ comp. of the pharmacopœia for those whose muscles are relaxed, and who might not be able to bear an active purgative; and second, croton oil for those who refuse medicine, and where it is essential to promote regular action of the bowels.

He does not employ emetics; first, because where there is a tendency to congestion in the vessels of the head, they are known to increase it; secondly, because the nerves of the stomach in insanity, as those of the intestines, are frequently less sensitive than when the brain is not diseased; and it is necessary to give a large dose before the stomach will act. Nauseating doses are valuable. A fourth of a grain of tartar emetic may be given every four hours, or in the commencement of the paroxysm of furor. This controls powerfully the action of the heart and arteries. In many cases it acts like a charm, subduing the excitement and violence of the patient, and sometimes an alteration of the symptoms for the better commences with its administration. If, however, the doses are large and repeated, great prostration of strength may be produced. Much difference of opinion as to narcotics: his experience is, that opiates are of essential service in those cases bordering closely on delirium tremens; in cases of puerperal mania; in the first breaking out of an attack of madness, before congestion has taken place; in cases where there is great nervous irritability, from poverty of blood; and in cases of cachexia from starvation, and other causes: they are contra-indicated wherever there is the least sign of general paralysis or congestion about the head. Hyoscyamus and conium may be employed as

well as opium and morphia. Hyoscyamus often agrees better with the stomach, and it does not constipate the bowels: it also increases the secretion of the skin and of the kidneys. It is often serviceably combined with tartar emetic, in paroxysms of furor. Combined with camphor, opium allays the irritability of those suffering under madness, either accompanied with some degree of delirium tremens, or preceded by it. Stramonium, belladonna, and aconite, are not, in general, of very much importance. Hydrocyanic acid is useful as a sedative in those cases where there is pain and a sense of weight about the præcordia. If acid eructations are present, it may be combined with soda, or, if there be much action of the heart and arteries, with digitalis.

The urine of the insane is very often, at the commencement of the attack of mania, scanty and high-coloured, with a lateritious sediment. Sometimes no water is secreted for a day, sometimes for two days. In these cases, nitric æther, with nitrate of potash, infusion of digitalis, or the compound decoction of scoparium, may be given with advantage. The more powerful diuretics are seldom of much service: even where you suspect effusion, or in incipient paralysis, the bichloride of mercury is generally to be preferred to cantharides.

Since better fed, been more recoveries and fewer deaths. Even in acute mania, it is necessary to have reference to the future condition in our treatment. Light bitters, mineral tonics, the preparations of iron, the sulphate of zinc, and the salts of copper, are often valuable medicines in nervous disorders.

Bloodletting, fortunately, does not prevail in England as it formerly did. Even in acute mania, with symptoms of plethora, local abstraction by leeches is much more safe.

Counter-irritants much employed. Should not, however, be used in the acute stage of mania, certainly not until the heat of skin and general irritation from the loaded vessels have subsided. The acetum, instead of the emplastrum lyttæ, ought generally to be employed. In some cases which run their course sluggishly, or where there is a healed ulcer, or a suppressed discharge, setons are of great service. Esquirol says they act by enchantment. The *img. antim. pot. tart.* proves beneficial in some cases of suppressed eruptions, as a counter-irritant. Strychnine is useful in cases accompanied with paralysis. Where patients have illusions of hearing, cotton, on which laudanum has been dropped, may be put in their ears: it is also useful to have the ears syringed, or to place small blisters behind each ear, to divert the attention of the patient from the noises and whispering on which his imagination dwells.

The function of the skin is often disordered, to remedy which baths of every description have been very properly recommended. The tepid bath is of very great service in subduing irritability and excitement. It is sometimes necessary that the patient should remain in it for an hour and a half or for two hours. Ice or cold lotions to the head should be applied at the same time: it may be necessary to repeat it every day, sometimes twice daily, till some effect is produced. If the irritation is not subdued, a blister may be applied to the nape of the neck, immediately the patient leaves the bath. In acute dementia, much benefit may be derived from the douche, but this is a remedy which requires caution, and is not by any means to be ordered for those patients who are liable to congestion of the head, or have any tendency to paralysis. The

shower bath, with antispasmodics, is a valuable means of subduing the symptoms of madness with hysteria and hypochondriasis.

When a patient has passed into the chronic stage, it does not follow that nothing is to be done for him: something can be effected even here, in shortening the paroxysms of furor, in procuring sleep for the restless, and improving the general health of the debilitated.

WILLIAMS says, in his "Principles of Medicine," that the violent exertions of maniacs are wonderfully controlled by the cold douche to the head, sometimes with nauseating doses of tartar emetic.

At the lunatic asylum in Prague, music considered one of the chief instruments for the improvement of the patients. In addition to the garden concerts, in which all assist who can, there are quartettes every morning and evening, in the wards, and a musical director is appointed, for the express purpose of superintending this part of the domestic management.

DIETARIES IN EIGHT BRITISH ASYLUMS.

1. *Carlow Asylum*.—Breakfast: 1 quart of stirabout, a gruel of 8 oz. of oatmeal, $\frac{1}{3}$ of a quart of new milk. Dinner: $3\frac{1}{2}$ lbs. of potatoes, 1 pint of mixed milk (new and sour milk mixed), 8 oz. of beef. Tuesday, 1 pint of soup. Supper: half a pound of bread, 1 pint of mixed milk.

2. *Belfast Asylum*.—Breakfast at 9 o'clock always: for males, 1 quart of stirabout, $1\frac{1}{2}$ pints new or mixed milk; for females, $1\frac{1}{2}$ pints of stirabout, 1 pint of new or mixed milk. Dinner: Sundays, Tuesdays, Wednesdays, Thursdays; for males, 3 lbs. of potatoes, 1 quart of soup; for females, 3 lbs. of potatoes, $1\frac{1}{2}$ pints of soup. Dinner: Monday, Friday, Saturday; for males, $3\frac{1}{2}$ lbs. of potatoes, 1 pint of mixed milk; for females, 3 lbs. of potatoes, 1 pint of mixed milk. Supper: for males, 8 oz. of bread, $\frac{3}{4}$ pint milk; for females, 6 oz. of bread, $\frac{1}{2}$ pint of milk. Convalescents and labourers have 4 oz. of boiled meat every other day.

3. *Bethlem Hospital*.—Breakfast: gruel. Supper: 8 oz. bread, 2 oz. cheese, or 1 oz. butter; table beer. Dinner: table beer every day. Sunday: 8 oz. cooked meat, 8 oz. bread, vegetables. Tuesday and Friday, the same. Monday: baked batter pudding, 4 oz. bread, 1 oz. cheese, or $\frac{1}{2}$ oz. butter. Wednesday: pea soup, with legs and shins of beef, 8 oz. bread: in the summer months, baked rice pudding, 4 oz. bread, 1 oz. cheese, or $\frac{1}{2}$ oz. butter. Thursday: boiled suet puddings, 4 oz. bread, 1 oz. cheese, or $\frac{1}{2}$ oz. butter. Saturday: rice milk, 8 oz. bread, 2 oz. cheese, or 1 oz. butter. Extras.—For the sick: mutton broth, beef tea, puddings, fish, meat, eggs, wine, strong beer, &c., &c., or whatever may be ordered by medical officer. Christmas Day: 8 oz. roast beef, 8 oz. bread; a mince pie, 6d. New Year's Day: plum puddings, in addition to ordinary dinner. Good Friday: a bun, 1d. Easter Monday: 8 oz. roast veal, 8 oz. bread, vegetables. Whit Monday: 8 oz. roast veal, 8 oz. bread, vegetables. During summer, about month of August, 6 oz. bread, bacon, beans, 8 oz. bread, 1 oz. butter. Fruit,

consisting of currants and gooseberries. In October, apple pies, in addition to ordinary dinner.

4. *St. Luke's Hospital*.—Breakfast: for males, 2 pints of gruel made of equal parts of milk and water, with 2 ounces of bread; for females, $1\frac{1}{2}$ pints of gruel with 2 ounces of bread. Dinner: daily, males, 1 pint beer; females, $\frac{3}{4}$ pint beer. Sunday, Tuesday, and Thursday: males, $\frac{3}{4}$ lb. cooked meat, vegetables, 6 oz. bread; females, $\frac{1}{2}$ lb. cooked meat, vegetables, 6 oz. bread. Monday and Friday: males, 2 pints broth (made of liquor of preceding day's meat, with peas, &c., and 2 stones of fresh meat for every 50 patients). Wednesday: males, 1 pint broth, 4 oz. bread, $\frac{3}{4}$ lb. baked suet pudding; females, 1 pint of broth, 4 oz. bread, $\frac{1}{2}$ lb. pudding. Saturday: males, 2 pints rice milk, or 1 lb. baked rice pudding, and 6 oz. bread; females, $1\frac{1}{2}$ pints rice milk, or $\frac{3}{4}$ lb. pudding, and 6 oz. bread. Supper: 8 oz. bread, and 2 oz. cheese or butter, or on Wednesdays, 1 pint broth and 8 oz. bread; for males, 1 pint beer; females, $\frac{3}{4}$ pint.

5. *Lancaster Asylum*.—Breakfast: porridge every day; *thick porridge* on Wednesday. Dinner: scouce (soup with potatoes and other vegetables), on Sunday; Monday, roast mutton; Tuesday, boiled beef and soup; Wednesday, roast beef; Thursday, scouce; Friday, potato pie; Saturday, scouce. *Females*, porridge every day for breakfast; *thick porridge* Saturday; scouce Sundays, Mondays, and Wednesdays; Thursday, roast beef; Friday, boiled beef and soup, roast mutton. Supper: coffee and cocoa, with bread and butter for *males*, Sunday; Monday and Thursday, porridge; Tuesday and Friday, bread, cheese, and beer; Wednesday and Saturday, tea, bread, and butter. *Females*, tea, bread, and butter; Sunday and Wednesday, coffee or cocoa and bread and butter, on the other days of week.

6. *Lincoln Asylum*.—*Males*, breakfast, 6 oz. bread, 1 pint boiled milk. *Females*, breakfast, 5 oz. bread; tea, 1 pint. Dinner: *males*, bread, 3 oz.; meat cooked and bones, 4 oz.; vegetables, 10 oz. *Females*, same as the males. Supper: *males*, bread toasted and buttered, 5 oz.; tea, 1 pint. Sunday, roast beef; Monday, boiled mutton; Tuesday, boiled beef, Wednesday, boiled beef, or cold meat warmed, with one pint of soup for half the patients; Thursday, boiled mutton; Friday, boiled beef; Saturday, boiled beef, or cold meat and one pint of soup for half the patients.

7. *York Retreat*.—Breakfast: coffee, bread, butter, toast, &c. Lowest class, bread and milk. Dinner: roast or boiled joints, potatoes, &c., plain fruits or rice pudding; fish, game or poultry when in season; beer or water. Lower classes have no game or poultry, but have occasionally hashes. Supper: tea, bread, butter, toast, or bread and milk, porridge.

8. *Hanwell Asylum*.—Breakfast: *males*, milk thickened with oatmeal and flour, 1 pint; bread, 6 oz. *Females*, bread, 5 oz.; butter, $\frac{1}{2}$ oz.; sugar, 4 oz. per week; tea, 1 pint. Dinner: Sunday, Tuesday, Wednesday, Friday, meat, 5 oz., cooked; yeast dumpling, 4 oz.; beer, half a pint; vegetables. Monday, Thursday, 1 pint soup; bread, 6 oz.; beer, $\frac{1}{2}$ pint. Saturday, meat pie crust, 12 oz.; meat, $1\frac{1}{2}$ oz.; beer, $\frac{1}{2}$ pint. Supper: *males*, bread, 6 oz.; cheese, 2 oz.; beer, $\frac{1}{4}$ pint. *Females*, milk thickened with oatmeal and flour, 1 pint; bread, 5 oz. Extras: outdoor workers, $\frac{1}{2}$ pint beer at 11 A. M., and at 4 P. M., daily, and 1 oz. of tea and 4 oz.

of sugar per week. Laundry women, &c., $\frac{1}{2}$ pint of beer at 4 P. M., and, together with keepers, &c., 1 oz. tea and 4 oz. sugar per week, in lieu of the ordinary supper.

HOWEVER desirous the medical attendant in a lunatic asylum may be to enlarge the resources of medical treatment, and to found his plan in each case on a clear view of some bodily derangement, to remove which his well-reflected measures may be confidently directed, he will find in many examples that such clear indications do not present themselves. The pathology of many of the cases, too, with all the light that careful examination after death can throw upon it, remains obscure. Sometimes arising from disturbance of organs remote from the brain—often from some direct moral impression or shock affecting the brain itself—the first steps of the malady have left no trace, or have become undistinguishable, amidst their effects. Morbid appearances, too general to warrant distinct conclusions, present themselves, in abundance, to the physician's observation; and he becomes convinced that most of these are, like insanity itself, mere consequences of some anterior disturbance of the brain or nervous system, probably imperceptible to the senses. Happily, however, it is found, in a great majority of cases, that the mere abstraction from ordinary stimuli afforded by an asylum, its ordinary arrangements, its wholesome regimen, and the contrast it affords to the scenes and circumstances in which the mind becomes deranged, prove remedial to an extent beyond expectation. In asylums for the rich, the patients are removed from a thousand excitements; and in asylums for the poor, they are delivered from the daily contemplation of poverty and want. The pride of medical science is disconcerted by the reflection that mere medicine has had but a small part in the cure of many patients who leave an asylum well. But the application of medical science is not limited in any disease to the administration of drugs, or the abstraction of blood; and least of all, in diseases of the nervous system. Hence it arises, that the general management of an asylum, the regulation of the diet, the exercise, the hours of rest, the occupation, the amusements, the dress, and conduct, become of wide application and extreme importance. These matters, well arranged, become general medicines; influencing the whole frame of body, and bringing it in a state in which the mysterious troubles of the brain have the best chance of becoming composed. In an asylum containing at all times a large proportion of incurable lunatics, the influence of all these circumstances on the comfort, happiness, health, and longevity of these unfortunate beings, becomes scarcely second in importance to the care of those who were not beyond hope.—*Dr. Conolly.*

Account of the Hanwell Asylum, given by a visiter.—Half a mile from Hanwell. Two attendants to each ward. Cells on each side of corridor. A day-room besides. Cells had some of them prints, and other like decorations. In many of the cells, and in all of the day-rooms, no lack of books and small periodicals. Reading discovered to be a wonderful assuager of the different varieties of lunacy. A school for those unable to read, and saw many in the course of instruction. Courts spacious and airy, and furnished with seats, and also a large rocking machine, resembling a rocking-horse. In the male wards, found the greater part of the inmates reading, playing at bagatelle, draughts, or

other games. In one of the sewing-rooms a piano. A chapel and organ ; communion-table just added.

On Christmas Day, says Dr. Conolly, every well patient has roast beef and plum pudding for dinner. Patients employed at this season in decorating chapel, &c., with evergreens. Sort of party for females on matron's birthday : some of melancholic patients present, with cheerful countenance, scarcely ever seen to smile before. An entertainment on her majesty's marriage. In women's department, found the whole process of washing, dressing, and calendering, in active operation by lunatics. On men's side large rooms, in which were tailors and shoemakers at work. In one of the courts, a lunatic gardener had laid out a flower-garden. Formerly bound epileptics to their bed, to prevent their falling on the floor ; now end answered by a bed covering the whole floor. If refractory, instead of restraints, a dangerous lunatic is turned into a room whose walls and door are padded all over, by which means his passion is harmlessly expended on a universal cushion. Where necessary to restrain only the hands, a species of petticoat of stout canvass is tied round the neck : and by hanging down over the arms, prevents any outbreak without exasperating the patient. After an experience of four years, no bad effects have arisen from soothing system, but much real good. Benevolence is power, and by skilfully acting upon such remains of understanding and feeling as the lunatics possess, they stand a much better chance of being restored to the full enjoyment of reason, than from the restraints formerly used

A writer in the Boston Medical and Surgical Journal quotes the following items from Dr. C. :—For some who destroy collars and cuffs of dresses with their teeth, a leathern binding to these parts provided. Varied contrivances, with varied results, for keeping clothing and boots on those exposing themselves. As now and then necessary to *confine the hands* when a blister is applied, to prevent its removal, and as this, like all other temporary restraints applied with justifiable plea of protection, is generally abused by being too much prolonged, or unnecessarily severe, a kind of cape has been thought of. Those who are in the habit of striking suddenly, tearing the bedclothes, etc., sometimes wear a dress of which sleeves terminate in a stuffed glove, without division for the thumb and fingers : this discontinued subsequently from clumsiness. To seclude a patient, three or four attendants possessed of courage and good temper should surround and put him in his room. Window of room to be, in all cases, secured by an efficient shutter and lock. Bedstead should be of wood, fastened to the floor, and remote from the window. Sufficient light should be admitted through *holes* made in the window-shutter, to enable the attendant, by looking through the inspection-plate in the door, frequently to ascertain the state of the patients. When disposed to suicide, they are more generally put in rooms where other patients sleep—a measure always advisable if the patient is not noisy or violent. The writer in the Journal is opposed to the disuse of restraints. Says system had to be dropped at Lincoln from accidents and unruly conduct of patients. Thinks the contrivances above mentioned equivalent to restraints. Supposes the use of mittens, or the muff, employed in the New-England asylums, less wounding to self-respect than proce-

ture of forcing him into his room. As to suicidal, objects to placing two patients in a room, observing that it would not be allowed in any of the American asylums, for fear of injury from one patient to the other; and that unmentionable offences have ensued from even placing patients together in the same dormitory. True doctrines in relation to restraints, simple, plain, and unanswerable as any point of common sense in ordinary dealing. First, to avoid them all, as far as consists with safety of patient and those around him. If he be disposed to active suicide, to self-mutilation, to impulsive acts of violence, or if his disease demand a horizontal position (as is most valuable in delirium tremens, and exhausting standing up from insane apprehension in a feeble and exhausted sufferer), the apparatus to retain him in bed, and still allow him a free power of changing position, or the muff or mittens when he is up, found to be most efficacious and unobjectionable. A second rule, that all and every form of seclusion and restraint should be applied only under a responsible officer, who will exert his own judgment of its necessity and extent. This rule infers in its application the immense advantage, if not the absolute indispensableness, of a moderate number only of patients in an institution. *If we regard anything as settled beyond a doubt, from a vast many reasons, it is, that no institution should congregate more than from one to two hundred subjects:* this forms as large a body as one director can, or ought to be responsible for, and will leave but few occasions for delegated authority in matters of moment. A third circumstance should be, that no restraint should be put upon the head of an institution as to the employment of any number of suitable attendants.

REPORT of the Metropolitan Commissioners in Lunacy, to the Lord Chancellor, presented to both Houses of Parliament.—Commissioners as to respective merits of different systems give no decided opinion, but rather incline to doubt propriety of total disuse of mechanical restraint, and cite several cases to show danger of this course. Say care of violent patients more expensive where no mechanical restraint is used, safety of attendants and others sometimes endangered, and, in some instances, patients much more calm and disposed to sleep, when confined by a proper apparatus, than when held by attendants. In some asylums, both public and private, superintendents and proprietors state that they manage their patients without having recourse to any kind of restraint whatever. In others, affirmed that disuse of restraint is their rule and system, and that its use, in cases of necessity or expediency, forms exception to rule. Those who profess entire disuse of restraints, employ manual force and seclusion as parts of their method of management, maintaining that such methods are consistent with a system of non-restraint. If confined by strait waistcoat, belt, straps, or gloves, said to be under restraint; but if a violent patient is forced in a cell, or his hands held by keepers, it is said that there is no mechanical restraint. But, say commissioners, difficult to understand how this can be affirmed with propriety. Seems to them, that these measures are only particular modes of restraint, the relative advantages of which must depend altogether on the results.

Some few of the county asylums poorly supplied with water, and several imperfectly warmed and ventilated. Owing to deficiency in this

respect, dysentery formerly prevailed in several asylums, where it does not since improvements in warming and ventilating. Most now warmed by means of a circulating steam or hot water apparatus, and some by means of a large volume of pure atmospheric air, passing from yard through channels under ground, into a chamber where it is warmed, by passing over a large surface of hot water pipes, and from thence enters galleries in a large volume near the ceiling, and into sleeping-rooms. From thence drawn off through apertures near the floor, thus ensuring a constant change of air, as the fires are supplied entirely by the vitiated air from the galleries and sleeping-rooms. Apparatus been in use several years, and been found to answer perfectly. Air cannot be heated above temperature of boiling water; and, consequently, is never burned. In some, day-rooms only warmed; this thought wrong, and they recommend that all the galleries and sleeping-rooms should be properly warmed and ventilated, so that patients may breathe a pure atmosphere of a moderate and even temperature. Think sleeping-rooms should be but on one side of galleries; though, if galleries are wide and well lighted, less objection. In some, as Belford, rooms too small; only six and a half feet long, and six feet wide and eight feet high; but, in general, from nine to ten feet long, and seven wide. Recommend construction of yards, so as to admit as much sun and prospect as possible, and approve of plan at Wakefield of raising mounds, so as to afford a view of the country over the walls. Think it desirable that no asylum for curable lunatics should contain more than 250 patients; and think immense establishments at Hanwell and Lancaster ought not to be increased, as contemplated. Recommend that incurable should be separated from curable, and former placed in *houses of refuge*. Recommend that county asylums should have a visiting physician in addition to resident medical officer. (Dr. Brigham, from whom we extract this account, against this plan, and also houses of refuge.) Most frequent causes of insanity among poor, habitual intemperance, poverty and destitution, grief, disappointment; and for restoration recommend a nutritious diet, with considerable proportion of animal food, warm clothing, and a dry, pure atmosphere. Mention that, in some hospitals where diet improved some time since, recoveries subsequently considerably increased. Dietary of Hanwell does not differ essentially from most other pauper asylums of England. Think utility of opiates, in recent cases of insanity, more generally acknowledged than formerly; but not used, nor any other medicine, as a substitute for coercion, though the use of tartar emetic, of sedatives combined with aperients, and cold applications to the head, has occasionally rendered mechanical restraint unnecessary. Recommend separation of epileptic patients from others, and say that in reference to epileptic, and also to suicidal patients, an arrangement at Lincoln which have observed in no other institution, but think deserving of imitation. These patients are placed in dormitories, where they are constantly watched throughout the night by an attendant, who sits up, and is so placed as to have a complete view of the apartments in which the patients sleep. Occupation and exercise in open air deemed very useful. Should be employed as much as possible. Spacious yards and pleasure-grounds should be provided, and music and dancing, and various games, may be resorted to with benefit to many cases. In the better-conducted asylums, books are procured and placed at the disposal of the patients, the exercise of trades and other in-door employments is encouraged, in

some cases rewarded, and out-of-door occupation is provided by means of large gardens or farms, in which patients regularly labour in the proper season. In respect to devotional exercises and religious instruction, have the satisfaction of reporting, that proper attention appears to be very generally paid by the proprietors and superintendents of asylums to these important duties ; that the service of the church is, for the most part, regularly performed every Sunday ; and that prayers are, in many cases, read on other days of the week, where there are patients in a condition to benefit by them. We may state, also, as result of inquiries, that the effect is tranquillizing, and productive of good order and decorum in a remarkable degree ; and, in some instances, permanently beneficial. All concur in saying that religious instruction injudiciously imparted, and controversial discourses, are positively injurious.

NAVAL LUNATICS AT HASLAR.—*From British and Foreign Medical Review.*—At period of Dr. Anderson's appointment as physician, naval lunatics, both men and officers, treated pretty much on old plan. Wonderful change took place in a few months. Chains, straps, corsets, imprisonment, all vanished at will of superintendent ; and false fears of attendants, and much misery and gloom of patients, soon followed. Altered condition of things has existed two years, without a single accident. Airing-court at back of hospital, deprived necessarily of view of sea. To remedy this, a lofty mound erected, sufficient to command a very extensive and beautiful view of the Isle of Wight, as far as Cowes and St. Helen's, &c. A boat recently granted by Admiralty, and patients may be seen pulling and steering Dr. Anderson, not only through Portsmouth harbour, but actually out to sea, calmly enjoying cooling breeze, or busy in long-forgotten pastime of fishing. Dr. Anderson observes, that the calm and orderly conduct now in asylum, together with the cleanly, and, may add, industrious habits of a large proportion of patients, render the duties of the attendants and nurses comparatively easy. For accomplishment of these desirable ends, have endeavoured to carry out excellent precepts of Dr. Conolly, of Hanwell ; and cannot do better than quote from him as follows :—"To endeavour to gain and preserve the confidence of each patient ; to create or maintain a character of kindness and tranquillity throughout the asylum ; to forbid the exercise of violence, threats, or deception ; to be careful of their diet and clothing ; to occupy and amuse them ; to secure their cheerfulness or content by day, and comfortable rest at night ; to consider all their weakness and infirmities ; and to pay a general regard to whatever may act favourably on the mind and body." Patients allowed to walk in surrounding country. Religious services regularly morning and evening ; any disturbance very rare. Clothing changed from brown to blue, the favourite colour of seamen, recalling pleasing associations, &c. Cheerful aspect of new airing-grounds, with central mound, makes them daily resort of a large proportion of patients. And an inducement thus offered to the indolent and lethargic to take a view of Spithead, Portsmouth, Isle of Wight, &c. Alterations in building will make it cheerful, instead of being gloomy. Upwards of 20 (June 1, 1844, 98 in asylum) have at different times joined in rowing boat ; and can now, after a practice of some weeks, manage it either under sail or in rowing with perfect ease and dexterity. Great-

est delight taken in it. Some, who have proved best boatmen, have been confined within narrow limits of asylum airing-grounds for upwards of 20 years. Of all remedial agents, use of boat for many of patients, beyond all comparison most valuable, and expectations from the exercise and recreation been most fully and completely realized. A supply of fishing lines and hooks, and patients have frequently been successfully occupied during last month in fishing. An officer, who had been in asylum for eight years, and had not spoken for six but rarely, and not appeared to take notice of anything, was furnished with a fishing-line on first trip to the buoy of Boyne, caught nine whiting trout, and enjoyed sport as intensely as any one in boat, baiting his hooks, and making observations on success. A pleasing part of his duty to be thus enabled to state complete success of a measure, in estimation of many fraught with so much personal danger to the lunatic, by affording him an easy opportunity of carrying any suicidal propensity into effect; but the truth is, that in well-regulated establishments for reception of the insane, tendency to self-destruction nearly, if not altogether, as rare as amongst those who are considered the sane part of the community. No bodily restraint been had recourse to: frequently happened that, for many days in succession, not a single individual been placed in temporary seclusion, thus clearly demonstrating advantages from a mild and conciliatory management, as compared with harsh and coercive measures. Extreme gratification in witnessing progressive, but steady improvement, in general demeanour, cleanly habits, &c., of many twelve months ago offering no prospect of it.

The efficacy of Mesmerism appears yet doubtful. Instances are mentioned of its having been applied to the treatment of insanity.

Townsend, in his "Facts in Mesmerism," says—The late Dr Willis used to say that by the eye chiefly he controlled his most refractory patients. Insanity has been cured through its influence.

Dr Elliotson states cures performed by Mesmerism, in periodical insanity.

Dr. Caldwell, in his work on Mesmerism, says—Celsus informs us that Asclepiades not only soothed and moderated, by manual operations, the wild and incoherent ravings of the phrenzied and the insane, but that when the manipulations were urged to excess by him, it produced a degree of somnolence bordering on lethargy. The manner of mesmerizing which Dr. Caldwell gives, is the following:—The parties sit face to face, mesmerizer a little higher; mesmerizee to dismiss, as far as possible, all agitating and impressive thoughts and emotions. Mesmerizer gently grasps his hands, palm to palm, held about a minute, until the temperature is equalized. Then raises his hands above the head of mesmerizee, and brings them gently down each side of the head, very softly brushing it; and places them on his shoulders, resting them here about a minute—all the time looking steadily and intensely in his subject's face, and forcibly *willing* that he shall fall asleep. Hands then to be moved from the shoulders along the arms with very light pressure, until they reach the hands of the mesmerizee, which are to be grasped for four or five seconds, as before. Repeating these motions, begins more regular passes. Then, by raising his hands near the face or top of the head, and

bringing them down with a gentle sweep along the neck and breast (touching these parts not being necessary) to the ends of the subject's fingers, turning his palms outwards, and widening the distance of his hands from each other as they descend. The ends of the operator's fingers may be also advantageously applied at times to the pit of the patient's stomach, and held there for a short time: some pass along the lower extremities also: this he thinks useless. Passes, from 12 or 15 to 30 minutes, according to circumstances; and occasionally renewed when asleep, to make the sleep more profound; the operator willing the phenomena during the whole time. Some use simpler means. Has seen Dr. Elliotson produce the sleep merely by holding two of the fingers of his left hand near the face of the subject, making scarcely a movement. Females most easily magnetized, especially if delicate. Three schools of magnetizers. 1. Of Chevalier Barbarini, who believes the effects to be owing merely to faith and volition. 2. Of Mesmer, who refers them to the passes only. 3. Of the Marquis de Puyseger, who attributes them to both. The sleep is broken by the will, or by the reversed passes; *i. e.*, passes made upwards instead of downwards. Of cases which he mentions, one, a gentleman, was put to sleep in 25 minutes, and remained so three quarters of an hour. A second, a lady, in 10 minutes. A third, a lady, in 15 minutes. A fourth, a lady, in 10 minutes, who was asleep an hour. A fifth was asleep half an hour.

The following is described to be the mode of magnetizing practised by Mesmer and Deleuze:—The person who was to be magnetized was placed in the sitting position, on a convenient sofa, or upon a chair. The magnetizer, sitting on a little higher seat, before his face, and at least a foot distant, recollects himself a few moments, during which he holds the thumbs of the patient, and remains in this position until he feels that the same degree of heat is established between the thumbs of the person and his own. Then he draws off his hands in turning them outwards, and places them on the shoulders for nearly a minute. Afterwards he carries them slowly, by a sort of friction, very light, along the arms, down to the extremities of the fingers. He begins again the same motion five or six times; it is what magnetizers call passes. Then he passes his hands over the head, keeps them there a few moments, brings them down, in passing before the face, at the distance of one or two inches, to the epigastrium, where he stops again, either in bearing upon that region, or without touching it with his fingers. And he thus comes slowly along down the body to the feet. These passes, or motions, are repeated during the greater part of the course; and when he wishes to finish it, he carries them even beyond the extremities of the hands and feet, in shaking his fingers each time. Finally, he performs before the face and the chest some transverse motions, at the distance of three or four inches, in presenting his two hands, put near one another, and in removing them abruptly.

The process generally employed in the experiments made in the city of Richmond, Virginia, in 1842, was, we believe, as follows:—There was perfect silence enjoined during the whole time. The mesmerizer seating himself before the mesmerizee, clasped her hands firmly in his own, and fixed his gaze intently on her; her eyes being steadily directed to his during the whole process. After about four minutes, he commenced passing his hands alternately, or both at a time, from her forehead to her fingers, continuing two minutes; then pressed his right hand against her

forehead, and renewed the passes with his hands, continuing nine minutes. He then placed his right hand again on her forehead, and made passes again eight minutes—the absolute time varying, of course, with the individual.

Dr. Buchanan, in his mesmeric experiments, takes as a basis—first, exciting certain phrenological organs; secondly, that the brain in different parts, presiding over different bodily functions, may excite them by being mesmerically excited. The following is an instance of his mode of manipulation:—He placed one hand upon the person's forehead, and the other on the front part of the head, on top. Kept them thus three to five minutes. Then removed them, and commenced passing his fingers gently from the forehead along the temples, and down each side of the face, touching the hair all the time. After a lapse of five or eight minutes, the individual began to show signs of drowsiness; and, in ten or fifteen minutes, in spite of noise, &c., he was nodding in his chair, perfectly unconscious of everything around him. By merely placing his hands on the organs, he seems to produce the effect of exciting them; pressure and friction appear to involve the whole process. Neurology, however, is an entirely new subject. Mr. James Braid, a surgeon of Liverpool, has found that what may be called artificial sleep (or the somnambulic state), and other phenomena of mesmerism, may be produced naturally. By placing a patient near an object at which he was made to look steadily, with the face at an angle of 45 degrees to the direction of the eyes, he succeeded in bringing about sleep and other symptoms of the magnetizers in about five minutes. The effect seems to be attained by means of fatiguing the muscles of the eye and eyelid, and the optic nerve.

Dr. J. K. Mitchell says—The mesmeric effect is usually producible within ten minutes, and at the first sitting; but some persons have yielded only after long and repeated trials. In general, unless marked effects in half an hour, subsequent trials fruitless. Sleep is dissolved by time alone, natural duration being from 30 minutes to 5 hours. Artificial solution sometimes from merely a single wave of the hand, sometimes many; mean time of this, two minutes. Nervo-sanguineous temperament most liable to its action; young and old least susceptible, between 12 and 20 most favourable age; sex of little effect. Mesmerizing power very generally possessed; but susceptibility to the impressions confined to a few—about one in seven or eight. As far as he knows, has never cured any serious disease. Should be employed temporarily to relieve affections of a nervous character, when the usual means fail, and only when necessary on this account, and even here with due precaution; as it has sometimes, especially in unpractised hands, produced frightful disorders both of mind and body.

The following observations are taken from an article in the Southern Review (April, 1843), by Dr. Estes, of Columbus, Mississippi:—In *impressible* subjects no uniform plan of operation, as such are as readily mesmerized by the will alone as when in actual contact. The process commonly employed by him, at least in difficult cases, is as follows:—The patient to seat himself in a chair somewhat lower than that of the operator; to dismiss from his mind all apprehensions as to the result; and to fix his attention, should engage in some mental process, as counting backwards, or even forwards, if a bad hand at counting. The operator should bring the insides of his knees, legs, and feet, in contact with the outsides of the knees, legs, and feet of the patient; then the balls of their

thumbs should be brought in contact, and the operator's hands carried around on the outside, so as to bring his fingers in contact with the palms of the patient. The subject should then be requested to look steadily in one of the eyes of the operator, say the right, winking as little as possible: the operator, in the meantime, must fix his gaze in the right eye of the subject, and forcibly will him to "go to sleep." During the whole operation, he must constantly repeat this command, or some one of similar import. When the patient falls asleep, with good subjects in a few minutes, with others not under half an hour or longer, the operator may, if desired, deepen the effect, by holding his hands on the forehead and arms of the subject for a short time. After this, any part may be thoroughly charged with the mesmeric influence, by passes from the head downwards; thus the arms, legs, fingers, or any single part separately, may be made as rigid as a bedpost. When highly impressible, the passes need not be made in contact with the part; but when not impressible, even forcible contact will be necessary to produce any effect. When it is wished to remove the influence from any part, or the whole body, only necessary to reverse the passes; that is, making them upwards, with the backs of the hands above. The influence should be thoroughly removed from every part, otherwise the patient will be left in an unpleasant condition for perhaps twenty-four hours or longer. To excite the phrenological organs, the method employed is the one suggested by Dr. Buchanan: that is, by applying the fingers to the seats of the organs. As to favouring circumstances, the operator should be a man of sound body and mind, capable of forcible mental concentration; and, at the time of the operation, should be buoyant in feeling, and confident as to the result of the experiment. The best subjects those whose nervous systems have become excitable on account of disease; but the *nervo-sanguineous* temperament, even with a slight admixture of the *lymphatic*, or bilious, may be readily mesmerized, even in health. Nearly all individuals can probably be mesmerized by perseverance, but great diversity in the degree of susceptibility. The dry, bilious temperament, can scarcely be affected at all; and the pure lymphatic is almost equally unimpressible. Clear, dry weather, a room of moderate temperature, lights not too brilliant, and the most profound silence, are, farther, indispensably necessary to success in our experiments.

Continued and repeated magnetizing producing sleep frequently, though not always; this, says Ennemoser, is one of its most salutary properties. Sleep being the first of medicines in all diseases consisting in, or accompanied by, an inordinate degree of excitement and over-activity of system. When once in nervous affections, in fevers, in mental diseases, madness, &c., we can by any means procure sleep, a crisis of amendment begins to present itself; but in no case so strikingly and surely as in consequence of the sleep from mesmerism; its great advantage being the avoidance of narcotics, which, however immediate in their relief, are, through their deleterious action on the brain, fatal to the subsequent healthy working of the different functions. The most usual way of magnetizing, Ennemoser goes on to say, and, as many erroneously believe, the only way, is by the hand—the hands are the proper organs of the will, through which volition becomes action. The greater the quietness and uniformity of the manipulation, the less there is of bustle, gesticulation, and ceremony, the more advantageous will it be to the patient, whose imagination should not be struck with the oddity of the pro-

ceeding. No uneasy curiosity should be excited ; it were better that the effects should steal on him unawares. The susceptibility to mesmeric impressions is in the inverse proportion to the general organic force, and, more particularly, of the nervous power of the patient.

Jean Paul says, in a letter to a friend—Twice in a large company I nearly put Frau Von K. to sleep, through mere fixed gazing on her with that intention, whereof nobody knew ; her heart palpitated, and she turned pale to that degree, that S. had to doctor her.

The eye and the hand, says Passavant, not only receive, but give ; the other senses only receive ; the sense of feeling becomes, in the hand, the sense of touch ; from the continual activity of this sense, a greater consumption of nervous power goes on at the hand, particularly at the extremities of the fingers, and in consequence, probably, an increased efflux of the nervous æther ; this process may be heightened in intensity by the action of the will. In the manipulations, the hand is to rest on the part affected (where the disease under cure is local), or on those places where the most important nervous structures are situated ; in particular, the head, the centre of the cerebral, and the stomach, the centre of the ganglionic nervous system. Passes made with the points of the fingers, or the palm of the hand, whether with or without contact, must be carried from above downwards, from the brain towards the extremities.

Herpner says Mr. Braid, while holding his lancet-case for his patient to stare at, is magnetizing the latter by volition, without suspecting it. There is, however, such a thing as self-magnetizing. Jacob Böhm fell at once into ecstasy by an accidental look into a bright tin platter. Light, direct or reflected, is a powerful magnetizer. If Mr. Braid made his patients stare at the moon, instead of his lancet-case, the effects would probably be curious. Light has a peculiar affinity to the nervous fluid. This mode of magnetizing, though less troublesome to the physician, is not so devoid of the deleterious effects of narcotics as the other modes.

The following are two experiments of Mr. Braid :—1. Requested Mrs. Braid to sit down and gaze on the ornament of a china sugar basin. In two minutes, expression of face very much changed ; at end of two minutes and a half eyelids closed convulsively ; mouth distorted ; gave a deep sigh, bosom heaved, fell back, and was evidently passing into an hysteric paroxysm, to prevent which instantly roused her. On counting pulse, found it had mounted to 150 strokes a minute. 2. Called upon one of his men-servants, knowing nothing of mesmerism, and gave such directions as were calculated to impress his mind with the idea that fixed attention was merely to watch a chemical experiment in preparing some medicine, and being familiar with such, could feel no alarm. In two minutes and a half eyelids closed slowly, chin fell on breast, gave a deep sigh, and was instantly in a profound sleep, breathing loudly. All present laughed, but uninterrupted by this. Roused him in about a minute, and pretended to chide him for being so careless as to fall asleep, ordering him down stairs. In a short time recalled him, and desired him to sit down again, but not to be so careless. Sat down with this intention, but in two minutes and a half eyelids closed, and were exactly same phenomena as before. He always found it more difficult to hypnotize patients who *breathe quickly* ; and, therefore, has requested them to suppress their respiration. He has never produced the phenomena of clairvoyance.

A writer in Fraser's Magazine observes, that various experiments tend

to prove that the influence of mesmerized substances depends merely on belief of patient, so with passes at a distance. And in truth the influence of the imagination, and the exact agents of operation as to their inherent power, are yet very unsettled. Mr. Le Roy Sunderland says—That he has operated upon hundreds of patients, and in every imaginable manner, and finds that he can produce precisely the same results without any magnet, or electricity, or battery, or metals, or minerals, or passes, or *will* at all, and goes on to prove that merely willing without knowledge of patient has no influence. Have caused subjects, says he, to fall asleep again and again, *whilst willing them to keep awake all the time*. Take any subject highly susceptible, and cause him to apprehend you are willing him to go to sleep, and he will fall into the somnopathie state in despite of your will, as certainly as he *apprehends* what the result should be. Dr. Elliotson says—His will has been hitherto powerless in all mesmeric experiments. Has never yet accomplished *anything* by it alone. However long and strongly have willed, has hitherto done nothing without the eye, manipulation, contact, &c. Never satisfied that he has increased power of other proceedings by the most intense will, or impaired the result from not willing at all. Has willed excitement of distinct cerebral organs, and willed powerfully, but always in vain. Has three patients whom was originally some weeks in sending to sleep, though giving them each half an hour daily of manipulations and gazing, who now go to sleep on merely raising his hand, or looking at them, when prepared to expect sleep. Told each that if she sat still, would mesmerize her through the door. Retired, shut the door behind him, did nothing, but walked on into a farther room, turned back, and found her asleep; so with other two in succession. While doing this, thought as little of them as possible, and busied himself with anything to disturb his attention.

M. Ricard remarks, that he has observed the most easily-impressed persons to be those whose health was at least wavering; and I do not fear to assert, says he, that all individuals who easily experience great magnetic effects do not enjoy good health. His mode of magnetizing is as follows:—Begins by placing subject in a position that will be easy to him, usually in an arm-chair. Keeps himself before him, standing up or sitting, as is most agreeable. After recollecting himself an instant, fixes his eyes upon him, with firm will, and fully determined to obtain that which he desires. In about two minutes, directs points of fingers to epigastrium of subject; then commences passes. First made by lifting hand softly, fingers downwards, as high as neck of subject; there, operate by a sweeping motion, a change in the direction of the fingers, so that their points should be more elevated, by half an inch, than the palm of the hand, and directed towards the top of the chest. Then lowers the arm, keeping hand and fingers in the same position, until the tips have descended opposite the pit of the stomach, following a perpendicular line. Repeats the first passes until the subject experiences some symptoms of magnetization, either oppression, frequent winkings, or other physiological phenomenon. Then raises the hand to top of forehead, regulating passes as at first, and descending to same point. Makes also, sufficiently often, a semicircular movement of the hand upon the forehead and eyes, which he impregnates strongly with the fluid, in case the winkings are kept up; for this purpose, presents towards them points of fingers a sufficiently long time, and projects fluid by opening the hands briskly, which he has previously shut. When subject appears fully affected, and when eyelids are

almost closed, passes extended from head to thighs, before breast and sides. If respiration oppressed, relieves chest by making passes down to legs. If spasms in any part, passes the hand over it, drawing the fluid to the nearest extremity: often even throws a part off, in order to calm the subject, and that convulsions may not hinder him from arriving into the complete magnetic state, entitled the *magnetic sleep*. When crisis seems complete, extends fluid equally over all the body, by extensive passes, in order to hinder nervous shocks. Happens sometimes that subject is in a state of half-crisis, being conscious of external sounds, &c. Lets him then repose tranquilly; charges strongly his ears with the fluid, in order to paralyze momentarily the auditory nerves; and it happens very frequently, that in two hours (sometimes more promptly) he passes into the complete magnetic state. In order to excite somnambulism, proceeds to isolate subject from all external noise; sometimes this state not to be produced until after some sittings. When completely magnetized and isolated, and somnambulism not declared, if he believes it necessary, excites it by cross passes upon epigastric region. These, some from right shoulder to left hip, others from left shoulder to right hip. To know whether somnambulism is obtained, addresses to mesmerizee some questions relative to that which interests him. If tries to speak and cannot, relieves the mouth and larynx, which are very often paralyzed by too large a dose of the fluid. Has had many excellent *somnambules*, with whom he was obliged to use this means, in order to obtain a word. Acts in same way, if there are muscular contractions. When he wishes to establish catalepsy upon some part of the body of the subject, charges this part strongly, forcing the muscles to contract. Thus, for example, if he wishes to strike arm and hand with catalepsy, produces at first a sufficiently strong tension, and magnetizes particularly in this direction. To produce ecstacy, surcharges with fluid the brain and epigastric region of the *somnambule*; to bring back latter state, relieves parts surcharged with fluid. To return *somnambule* to normal state of waking, draws off magnetic fluid by lower extremities; opens the eyes by making before visage some transverse passes, with wish to dissipate fluid. If eyes too heavy, apply fingers, rubbing them gently. Do not abandon subject until completely restored to ordinary condition.

M. Rostan, Professor of Faculty of Medicine in Paris, speaks as follows:—A firm will and confidence of success necessary in magnetizer. To have about him nothing repulsive, and either by rank, age, intellectual or moral qualities, or in some other characteristic, to exercise some ascendancy or superiority over mesmerizee. To be of mature age, because will then strongest. Many different modes been described. Each magnetizer has his own. M. Le Compte de Beaumont-Brivazac magnetizes by applying one hand upon the forehead, and the other upon the stomach of the subject, making sufficiently rapid passes before the eyes. The exoteric sect of Stockholm employ certain mystical ceremonies. Some place the hand on forehead directly, or at a short distance: some on shoulders. Usually, after a few sittings, unnecessary to impose the hands: sufficient to tell the subject to sleep, or merely to will it. Too great heat or cold to be shunned. The lively, ardent, and enthusiastic, succeed best. M. Delauzanne says that it is essential for the magnetizer to be in a state of health. It is not necessary to touch in the passes, they may be made equally at some distance from the subject, who should remain entirely passive, and endeavour not to distract his attention by

wandering thoughts. Magnetizer should think alone of that which he is doing. All bodies transmit magnetism more or less. Three chief means of transmission: 1. Baquet. Consists of a vase of water, iron filings, aromatic plants, &c., in which plunged a piece of steel, with woollen cords attached, which patients hold. 2. Magnetized tree. By making passes about trunk, from above downwards, and with woollen cords attached. 3. Magnetized objects (magnetic talismans). Held in hands, and thoughts fixed upon them with firm will to cause desired effects.

LEE.

LECTURES ON THE THEORY AND PRACTICE OF MIDWIFERY. By Robert Lee, M.D., F.R.S., &c. 1844.

Article—*Mania*.

NINETY-TWO cases related by M. Esquirol, and under his care, were treated by mild purgatives frequently repeated, blisters to nape of neck and limbs, enemata and baths; bleeding was seldom indicated. We should pay great attention to state of brain and digestive organs. If countenance flushed, carotid and temporal arteries throbbing violently, head to be shaved, and leeches to temples. When great general excitement of circulation, with symptoms of local determination to brain, blood to be drawn from arm in quantity proportioned to severity of symptoms. In ordinary mania, decided benefit sometimes from moderate general depletion; and after this great advantage from ice, in a bladder, to scalp, or a cold evaporating lotion. Light and noise to be carefully excluded, and a nurse accustomed to take charge of the insane should have care of them. Mild, vigilant, and firm control; prevention from injuring themselves or others. Windows to be secured, and all sharp and cutting instruments removed out of the way. Disordered state of digestive organs not unfrequently concomitant, and, in a few cases, the exciting cause—for relief has almost immediately followed brisk cathartics. Whether viewed as causes or consequences, should be effectually removed by repeated doses of calomel and purgatives, and the condition of the alvine evacuations be frequently ascertained. Bleeding, general or local, not required in the greater number of cases of puerperal mania; and the frequent, long-continued use of cathartics injurious, especially when disease is accompanied by symptoms of general debility and exhaustion. More benefit, then, from narcotics—especially acetate of morphia, nourishing diet, and gentle exercise in the open air. Benefit been obtained also, in some cases, after acute stage has passed away, and convalescence commenced, by allowing patient occasionally to communicate with relatives from whom separated.

DR. EDMUND SHARKEY gives, in the Medical Gazette, two cases of epileptic mania effectually influenced by the action of *digitalis* in large doses. He concludes from them that, when it is administered in sufficiently large doses, the stage of excitement becomes, as it were, evanes-

cent, and the medicine acts, to all intents and purposes, as a direct sedative—and this even where a confined state of bowels exists—contrary to the idea of Dr. Hallaran that it is then a stimulant. And from these, and many other cases, he is more and more confirmed in the opinion that epileptic mania confers a tolerance of a remedy in doses which would be dangerous under any other circumstances; and in cases where the heroic dose is inadmissible, admits frequently of palliation by doses hitherto little dreamed of. In the first case, no symptom of circulation; in second, quickened, which the medicine diminished; and the characteristic effects on the circulation seemed to follow its sedative action, at an interval of 24 or 48 hours. Doses given, *3i.*—*3ii.* of tincture, 1—3 times in a day. *Case.*—I. A young woman, *æt.* 27; idiopathic epilepsy from early childhood; frequently attacked by mania after fits, latter in some instances substituted by former; fits generally preceded by an aura, premonitory sensations being sometimes felt for days previous. After an unusually long respite, mania on 3d of October. Sleepless for three days and nights, and talked incessantly. On third day, tinct. digital. (from the fresh leaf), *3ij.* On that night slept soundly; awoke composed, and made a hearty meal. Pulse continued regular, of good strength (108). Next day 100, and she was more tranquil. In a day or two, recovered her wonted serenity.

Case.—II. A man, *æt.* 60; musician; seven years epileptic; cause not assigned; disease not hereditary; temperate; no previous treatment. August 20th, 1843—Fits at uncertain intervals; seldom more than three days free; sometimes several in one day; generally preceded by flightiness of manner; more liable to them when constipated; maniacal fits so violent as to require restraint, frequently alternate with the epileptic; memory impaired; enunciation embarrassed; attacks sometimes accompanied by a cordiness of temporal arteries, and a tightness and fulness in the head. Tr. digital., *3ij.* in four hours, *3i.*, &c. Vomiting and constipation on some days present: concludes by stating that he had been taking for some time, tr. digital., spt. tereb., *āā.* *3i.*, morning and evening.

MR. BARLOW observes—A brain strengthened by rational exercise—not in rely by committing words to memory, but by applying the powers of thought to whatever subject is presented, and neither exhausted nor loaded by irregularities of life—is but little likely to be attacked by disease; but if it be, mental derangement may occur, but not mischievous insanity; and thus the larger half of the evil is removed. The leading idea involved in his opinions, as to man's capability of controlling or preventing insanity in himself, amounts to the fact, that in many cases, so far as giving way to feelings is concerned and as to delusions, he may weaken or destroy them by efforts of his reason: hence, with regard to the latter power, the advantage of habits of reasoning and thought. In illustration of the above modes of action, a case is given by him in which, from a fall on the head, a young man became imbecile, and illu-
sively beholding gold and other coin, he would eagerly endeavour to pick it up. The clergyman of his parish, who had educated, and had previously exerted great influence over the patient, assured him of the falsity of his impressions; and after every visit of the clergyman, he would be able for a time to restrain himself from gathering the coin. Another case, mentioned by Mr. Barlow, may also be taken as illustra-

tive, which he attributes to "inefficiency of the intellectual force." This was a patient on whose mind groundless accusations, involving his character, preyed to so great an extent, that a profound melancholy ensued. He was constantly apprehensive that he had done something wrong, he did not know what, and became suicidal; he was naturally taciturn and low-spirited. He was placed in two hospitals successively, and within two years was sent back as sane. From this time, he was able to maintain his family by his trade of shoemaking; for if ever a fit of melancholy came over him, a threat from his wife that he should be sent back to the madhouse was sufficient to induce him to resume his cheerfulness, and he lived to an old age sane.*

DR. ROCHE, of Strasbourg, says (1844) that he has employed musk in two cases of furious mania; the violent agitation was arrested, but no other good produced.

The Reviewers observe, in the *Medico-Chirurgical Review* (1844), that they have witnessed the most pleasing effects in several cases of puerperal mania, from pills composed of musk, or asafœtida and camphor, to which a few grains of calomel, and also some extract of henbane, may often be most judiciously added.

Miss Dix, the philanthropist, states, "that among the hundreds of crazy people with whom her sacred mission has brought her into companionship with, she has not found *one* individual, however fierce and turbulent, that could not be calmed by Scripture and prayer uttered in low and gentle tones. The power of religious sentiments over these shattered souls seems perfectly miraculous. The worship of a quiet, loving heart, affects them like a voice from heaven. Tearing and rending, yelling and stamping, singing and groaning, gradually subside into silence, and they fall on their knees, or gaze upward with clasped hands, as if they saw through the opening darkness a golden gleam from their Father's throne of love."

A WRITER in the *Princeton Review* supposes that religious melancholy is not due to religion as a cause, but is a mere symptom consequent upon a diseased brain, and gives an illustrative example. *Case*.—Requested to visit a lady whose state of mind had baffled every attempt of a judicious husband to bring her relief. Had great refinement and strength of mind, eminently pious and devoted to her children, whose education she conducted herself. When we saw her, intensely excited, and had slept little for several nights. Said she had lost all interest in instruction of her children, and become regardless of their personal appearance and her own. Mind engrossed about their salvation, anxiety for which insupportably agonizing. When instructing them, &c., incessantly thinking what good from it if still impenitent. Though flushed face, and flashing, restless eye, indicated strong physical excitement, yet mind so clear on every subject, and her views so rational, that we attributed whole

* For additional British writers of late date, see Appendix, Note II.

difficulty to excessive and protracted anxiety for an object of peculiar interest to a pious mother. Made repeated attempts to reason with her. Admitted strength of arguments, but found them of no avail. Excitement, distress, and difficulties continued. Not deemed deranged by family. Finding reasoning of no avail, and excitement still increasing, became convinced, on minute examination, that whole difficulty originated, not in religious views or feelings at all, but in a morbid increase of arterial action, arising from some physical cause. One-twelfth of a grain of tartar emetic, five or six times a day, gave perfect relief, and restored both her views and feelings to a healthy standard.

In nervous diseases, or to act on the nervous system, the Thomsonians employ what they entitle nerve powder, which with them supplies the place of opium and other narcotics. This is obtained from the different species of cypripedium which are natives of the United States, viz., cypripedium acaule, candidum, pubescens and spectabile. From analogy, we should conclude this medicine to be inert; for of the vast tribe of orchideæ scattered over the globe, there can scarcely be said to be any of known utility, with few exceptions; and these exceptions not by reason of medicinal virtues. If it acts at all, it must be merely, perhaps, as a demulcent. Besides the different species of cypripedium, camphor, asafetida, ictodes fetida, and solanum dulcamara are mentioned as medicines acting upon the nervous system, and being used in nervous diseases, in "Thomson's Materia Medica and Anatomy," a work written by a son of the founder of this peculiar practice. He observes of asafetida, that it is very useful in hypochondriasis. Having for several weeks laboured under severe mental excitement, nerve powder not availing, this remedy was recommended. After much persuasion, he was induced to take a pill on going to bed at night, but without any faith in its virtues; yet he soon fell into a refreshing sleep, a gentle perspiration broke out, and he slept well through the night. By continuing it several nights, his mind became quiet, his nervous system regular, and his health soon returned. Of dulcamara he observes, it is said to be useful (and we think, from its properties, with much reason) in mania connected with strong venereal propensities. Holland gin is an excellent nervine, and may be used in all cases of nervous irritability with good effect. In the form of sling, taken hot on going to bed.

DR. AWL, Superintendent of the Ohio Asylum, in his report for 1842, says, under the head of restraint, that for those who quarrel or strike, or break and abuse the house or furniture, leather wristbands are employed. Sometimes fasten the waist-belt to the back of a chair, in order to keep meddlesome and busybodies from mischief, and running about too much. The leather mitten, or muff, may be occasionally substituted for the wristbands, for such as tear clothing, or are disposed to injure themselves, or commit suicide. Cases are seldom so refractory as not to be manageable without the arm-chair, though it is sometimes necessary.

Cold and warm bathing is also used in a variety of ways, especially the cold bath, which is employed both as a means of health and to induce

self-control and useful restraint. A number of cases might be related in which it was attended with the most beneficial and happy results. It is the best thing we have ever seen tried with ill-natured and petulant patients, and for fighting gentlemen nothing could be better. A complete showering of both parties is quite satisfactory, and generally makes them the very best of friends. *Case.*—Once a lawyer of distinguished abilities; of gigantic stature; deranged for a number of years, and during most of the time so violent and destructive, that he was kept chained to the floor night and day. On entering asylum, very troublesome at first, on account of his qualities; but a showering made him promise to behave, and he kept the pledge which he had given.

Halls large, and present an agreeable appearance, which is aided by flowers, Canary birds, pictures, maps, &c.

PRACTICE IN VIRGINIA.

THE treatment of insanity in Virginia has generally been according to the antiphlogistic plan. The physician being governed more or less by the indications; according to the degree of his education, acuteness of intellect and experience. This plan has certainly been carried, in many instances, to too great an extent; and too little discrimination has been made with respect to the peculiarities of each case. Lately we find mention occasionally, in the papers accompanying patients brought to the Eastern Asylum, of opiates having been employed. A dear friend of mine, since deceased, a practitioner in Gloucester County, mentioned to me the following case which had occurred in his practice:—The patient was a coloured man, who had been insane three or four days; raving when he saw him; had not slept for several days. Dr. Coke had his head shaved, a blister applied to it, and gave him seventy drops of laudanum. He slept for two days, and awoke recovered.

My father, who was surgeon to the Eastern Asylum, employed, in most cases of insanity, a moderately depletory course. This, we believe, was the usual practice in the institution from its very commencement: the antiphlogistic system, together with baths, forming the constituent parts of the medical treatment. Salivation was also resorted to in certain cases; and various medicines were used according to the particular indications. In melancholia, he occasionally used tonics. He usually took from eight to sixteen ounces of blood from the arm; this he generally did only once. The purge employed by him was—*R* Calomel, gr. x.; jalap, gr. xv. *M.* The puke—*R* Ipecac., gr. xx.; ant. tart., gr. i. *M.*

In a paper left by him, after speaking of the great modern improvement in the moral treatment of patients, and the little comparative light which had been thrown on the medical treatment, he goes on to observe—“Mania may be a continued or periodical disease. The patients recover very unexpectedly sometimes, without any obvious cause, and uninfluenced by medicine, or the supervention of other disease. Those recoveries are generally not to be relied on. There may be long intervals, but there is generally a lurking predisposition, and it comes on without any very apparent exciting cause. Indeed, there is no disease so very mysterious.”

“It is only by removing the predisposition that the disease can be cured.

We must find out the condition of the system, on which the exciting causes are likely to produce their effects, and remove or counteract them."

"The patients now in this institution are generally incurable. They have been under medical treatment, in many instances, either at home or in jails, before they were sent here. It is seldom that a patient is received in the incipient stage of insanity, when the treatment is a very simple process, and when alone a cure can be calculated on with any degree of certainty, unless there be hereditary predisposition."

The following case is an example of his mode of treatment, one which occurred in his private practice: *Case*.—Mrs. —; July 17th. Timid since the tornado on the 12th; commencing melancholia; pulling her teeth constantly, saying they were loose, &c.; pulse natural, or very little disturbed; fears; anguish; tongue white and dry; good appetite; no uneasiness of head; catarrh; roaring in head last night; refused bleeding. Calomel, gr. ix.; statim. mane jalap, cremor tartar, ãñ. ʒi. 18th. Medicine continuing to operate; passed a worm, passed them before lately; less roaring, but has heard singing and talking; catarrh better; a neighbour thinks timor paupertatis the cause (being a widow); would eat bread and meat last night, though forbidden; has some uneasiness of head. 19th. Slept well last night. Catamenia appeared this evening, after an absence of some months; but swimming in the head and fulness still; her brother's arrival from R—— cheered her; mind more distinct; bowels open; has to wear a shade over her eyes. 20th. Better; shade off. Tried ineffectually to bleed her. 21st. Mind wholly correct; head not easy; went to R——. 31st. Returned recovered.

A patient similarly affected (though in a greater degree) by the arrival of a connexion, came to my notice during the year 1842. Mrs. — having been deranged but a short time, application was made from — County, for her reception in the Eastern Asylum. It was found that her derangement, though not suspected to be so at first, was owing to her husband's having staid away on a journey several months longer than he had contemplated. On his arrival she recovered. From the information which I received on the subject, I was led to believe partly or wholly from this circumstance. She had been very difficult to manage.

To a letter asking my father's advice in a case of puerperal insanity (1815), what follows is the substance of his reply:—Only one case of mania lactea in the hospital, up to this time. Continual reliance on the use of calomel recommended; two grains every night; if refused, to be given in her food; to be continued until mania disappears, or until salivation. Doubts the use of the cold bath. Diet not to be too abstemious; bread and tea, soups and boiled meats, milk, fruits and vegetables; rich food to be avoided. If she attempts to injure her person, moderate coercion with the strait jacket necessary. Your deportment to be tender, but, at the same time, resolute and firm; proper authority should be exercised over her, and she should be kept in awe of you. Not proper to check the action of the calomel on the bowels, if there be evident improvement in the mind. Prognosis generally favourable.

On another occasion remarks, that the patients having been accustomed to them at home "under the labours of the farm, or garden, or yard, are contented and happy. The hospital is then like a domestic establishment. Their employments are in fact recreations; furnished, indeed, in compliance with their daily entreaties. The hospital is a home, connected with the peculiar advantages of judicious restraint. By invigor-

ating their bodies, must, of course, render them more able to resist the causes of many formidable and fatal diseases—more especially malignant fevers, scurvy, and dropsy.” Elsewhere he conveys the same idea, of an asylum being a *home*, with the benefits of restraint. Perhaps in this idea extended, is included the *object* at which all our endeavours, in the management of institutions for the insane, should be directed.

The Eastern Asylum was founded in 1769, opened in 1773, being the oldest, exclusively for the insane, in America. Idiots were taken until 1830.

The treatment employed by Dr. Francis T. Stribling, the superintendent and physician of the Western Asylum of Virginia, is similar to that in use in the Northern Asylums.

Classification, labour and employment, amusements, and the other characteristics of the modern system of treatment, are fully attended to. In the report for 1842, he mentions the employment of military exercises. We are inclined to think that these will suit the insane of our State. The order and arrangement here implied tends, perhaps, to exert a favourable influence on the confusion of ideas, which is a part of insanity. The two following are cases extracted from the reports of 1839 and 1841 :—*Case*.—A patient who had been subject for some years to paroxysms of rage and violence. By causing him to engage in cards with other patients every day, an improvement in him became evident, and he was at length permitted to go wheresoever he pleased. After playing different games of cards, until wearied of their repetition, he resorted to backgammon, drafts, &c.; and finally becoming entire master of his actions, he then resorted to occupation. Sometimes he would cut wood in a neighbouring mountain; at others, procured a large number of walking sticks, which, after varnishing them, he sold in Staunton. He gradually became sane, after nine years' confinement. *Case*.—Had not uttered a syllable for seven years, and never moved unless carried along by other persons; debased, also, in other respects. He was carried to a place, day after day, where the patients were removing earth. At first merely holding the shovel in his hand, then using it somewhat, &c., little by little, until finally he became one of the most useful patients in the asylum. The means of restraint in the Western Asylum are mittens, wristbands, and the confining chair.

The following is the substance of his observations with respect to the medical treatment, in his report for 1842 :—Thinks importance of medical measures, especially in early stages of insanity, cannot be too highly estimated, considering the success which has attended well-directed efforts with respect to them. Of one hundred and fifty-two cases in institution during the year, more than one hundred been subject to a thorough course of medical treatment, both recent and old cases; remainder those in which been tested fully, and therefore discontinued. Reprobrates the excessively depletory system in general use amongst practitioners, particularly in cases of active mania, and its indiscriminate employment in all the varieties of insanity. Thinks the symptoms here present to be owing, in nearly all cases, to nervous excitement, rather than arterial action; and that active depletion and blisters tend rather to increase than diminish them. Far better to have the patient placed beyond the influence of external excitants, the circulation equalized by cold applications to head, with the warm foot bath; and after a gentle laxative, to remove any irritating matters in the intestinal canal, narcotics administered

freely, and at short intervals. Does not assert that cases never occur in which a free use of the lancet and other depletory measures are not absolutely required, but that these are *comparatively* rare.

When a patient enters the institution, first thing to examine the state of his physical health. Endeavours to find out whether the mental disorder may not result from, or be aggravated by, sympathy, on the part of the brain, with some diseased organ of the system, and if not, the character or degree of cerebral disease.

"When a patient is brought here labouring under mania, however violent may be his manifestations, no prescription is ever made until, by a thorough investigation, we have satisfied ourselves as to whether the indications result from inflammatory action of the brain, or the excitement be merely nervous in its origin. If the former, of course depletion is resorted to; but if, as is the case with nine-tenths, it be the latter, and the system is in such a state as to justify it, we place him in a favourable situation, and at once administer, in some form, an opiate. As a general rule, we prescribe what would be equivalent to 100 drops of laudanum, to be repeated at intervals of six hours, and the dose to be cautiously increased until a decided effect for good or harm is produced. Under such circumstances, we have frequently given two and a half ounces of laudanum (or its equivalent in some other preparation of opium) every eight hours, with the most decided benefit—when a quantity not much less had proved either inefficient or injurious. This dose, however, was of course attained by degrees, and with the utmost caution; and should never be attempted, unless some one skilled in the effects of such medicines upon the human system examine the patient carefully before each successive repetition of the dose. The greatest difficulty encountered in the administration of such large portions of opiates, particularly when persevered in for a length of time, results from the excessive disorder which is frequently caused to the stomach and bowels. It often happens, that when we begin to perceive their good effects in calming the patient, or in a partial return of reason, we are compelled suddenly to desist on this account. Sometimes this necessity is obviated by changing the article used; as, for instance, when laudanum disagrees, opium in its crude state may be substituted; and in lieu of this, one of the salts of morphia, or the black drop, &c.; but too frequently are we compelled to desist entirely from all such remedies, when, by a little longer perseverance, success had seemed almost certain. In such cases, however, the violence of the disease is almost invariably mitigated; and, by resuming the use of opiates, in a short time the individual is restored. As a general rule, after narcotics shall have been used for a season, we combine with these some mineral tonic, and have often found the most beneficial effects to result from their combination. Iron, in some one of its preparations, is usually preferred for this purpose. In chronic cases of insanity, although we do not usually calculate upon removing the disease by the use of medicines, they are nevertheless often found decidedly beneficial. Laxatives, tonics, the cold and tepid bath, and such remedies as tend to remove local disease where it exists, are those mostly called for by this class of cases." The Western Asylum was opened in 1828.

Extracts from my Annual Report for 1842, as Physician and Superintendent of the Eastern Asylum, in the City of Williamsburg, Virginia.—
"We shall go on to mention the medical means most generally employed in this institution. These are narcotics, tonics, purgatives, counter-irri-

tants, and baths. The narcotic which we have used most frequently, and from which we have derived most benefit, is opium ; or, what is similar, the acetate, muriate, or sulphate of morphia. Of the former, we have used in general from six to twelve grains, and of the latter from one to two grains, thrice daily, beginning with a smaller dose. * * * Of tonics, we have used most frequently the sulphate of quinine. This we have employed in cases with symptoms of debility. In cases where there was much excitement with great debility, we have combined it with some salt of morphia. Of purgatives, we have usually employed the neutral salts, mercurial preparations, castor oil, croton oil, aloes, and the tincture of hellebore. When using mercurials, we have rarely given them more than twice a week, except at the commencement of the treatment. Of the other purgatives above mentioned, we have usually employed a moderate dose every other day. We have by no means thought it necessary to make use of them in all cases, but we believe that there are few cases of insanity in which they may not be usefully employed. As a counter-irritant, we have employed simply the common blistering plaster. It has been found most applicable, where there appeared to be symptoms of torpor, and in those cases which appeared to be just passing from the acute to the chronic state. Wherever there was considerable excitement, it has not been employed. The plaster we have applied to the back of the neck, and either used a succession of them, or kept the blistered part open by means of savine ointment. From baths we have derived much benefit ; in general, we have used merely the shower and warm baths. The warm bath we have been in the habit of employing at night, shortly before they went to bed, and the shower bath early in the morning."

"The indications which we have had in view in most cases, are to depress the excessive nervous excitement, to procure sleep, to keep open the secretions, to support the strength, and to withdraw the patient's mind from his delusions."

The moral management of the Eastern Asylum includes the various means employed in American asylums generally, so modified as to be suitable to the character of the patients residing here. As in other institutions, the purpose in view has been mental and bodily occupation of some kind ; and almost, as a matter of course, amusements and labour form the staple of these measures. A chaplain is also attached to the asylum, who officiates on the Sabbath. A piano and other musical instruments, a library, &c., are included in the list of means. A carriage and horses belongs to the institution, in which the females ride out daily. The modes of restraint mentioned in the reports for 1842 and '43 are mittens and wristbands. But in this, and in all other points of treatment, we seek to avoid being exclusive. Deducing the plan of treatment in each case, not from our own limited experience alone, but taking as elements in such a deduction our own judgment and experience, and also the experience of all writers on the subject of insanity. In other words, we endeavour to follow a practice strictly eclectic.

AMERICAN ASYLUMS.*

"WHILST surprised and gratified at the extent and magnificence of many of these establishments (British Asyls), there seemed little or nothing in architectural arrangements, or in modes of moral or medical treatment of value, which has not long since been transplanted to, or discovered in, American institutions."—*Dr. Bell*.

"Not many years ago, I visited most of the celebrated hospitals for the insane in Europe, and since, those in the United States, and I believe I speak understandingly, and without prejudice, when I say, I have seen none superior, and hardly any equal to those of New-England."—*Dr. Brigham*.

1. The Maine Insane Hospital, at Augusta, was opened for the reception of patients in 1840. This institution, in the moral measures employed, is similar to those succeeding it in this volume. The farm contains seventy acres. Have also a shoemaker's bench and joiner's shop, cards, draughts, books, newspapers, a set of leathern nine-pins. Once a week the well-behaved females assemble in the matron's rooms, passing the afternoon in reading, singing, work, and conversation. Religious services. Every female patient in a suitable condition, walks out in the open air once a day in pleasant weather. The patients also ride out in a carriage, and during the winter in a sleigh. In all intercourse, Dr. Isaac Ray, the superintendent, observes, with the patients, endeavour to treat them with gentleness, mingled with firmness. Severity and harshness exasperate, whilst kindness and good-humour are of service. Attendants are not permitted to address a patient in a sharp, authoritative, or uncourteous manner. Restraints used to prevent a patient from injuring his person or clothing, or marring, destroying, or molesting. Not applied except by an order from an officer. Indulgence given for good conduct, and thus employed as a means of control. When a new patient comes in, it is made known to him where he is, and for what purpose he has come. He is requested, in the language of kindness and regard, to conduct himself with propriety; and assured that the number and kind of his privileges will depend upon the manner in which he uses them. In one word, endeavour always to treat patients as every honourable, well-bred man treats another in the common intercourse of society. In the report for 1842, it is observed—Many patients require each the undivided attention of an attendant, for one or more hours every day, in keeping him at work, walking with him, &c., not only for his comfort, &c., but as effectually instrumental in promoting his restoration. Dr. Ray observes, that the depletory treatment recommended by Dr. Rush and certain English writers, is not now used in any hospital for the insane in New-England; and the same is the case in many other institutions of this country. In most of the patients brought to the Maine Hospital, this treatment has been used, when attended previously by regular practitioners. Others have been attended by Thomsonians, when a stimulant practice has been employed. Some of them have had Homœopathic physicians, whose practice the friends of the patients have affirmed "did neither good nor harm." A picture is here exhibited of the practice throughout New-England. The writings of Dr. Rush have, perhaps,

* Most of the detailed information respecting the American asylums has been obtained from the reports of those institutions.

in part induced this. Dr. Ray has employed, to a tolerable extent, the anodyne practice of Dr. Woodward ; but with less benefit than the latter. A physician of so much learning and ability could not be otherwise in his practice than somewhat eclectic.

Dr. Ray's medical treatment, as exhibited in his report for 1844, is as follows :—Medical treatment of insanity, within last half century, been less uniform than that of other diseases. Within a comparatively short period, utmost diversity of opinion ; a most active and varying medication on the one hand, and an almost entire abstinence on the other, marking the two extremes of a great variety of practice. Results, however, have not always differed to an equal extent ; nor can we satisfactorily attribute any difference that may have been observed exclusively to the medical treatment. Judging as well as we can from the imperfect evidence of statistical returns, proportion of recoveries is very nearly alike in all well-regulated establishments ; though in no two of them, perhaps, is the treatment precisely the same. He would be a bold man who should venture to say that Pinel and Esquirol, whose medical treatment was confined chiefly to baths and simple bitter drinks, were less successful in their cure of mental diseases, than those numerous practitioners who have exhausted upon them all the resources of the healing art. General conclusion, from this fact, that strictly medical means have less to do than some others with the restoration of the insane ; and such, he apprehends, is the conclusion to which opinions, at the present day, are gradually but surely tending. But, if insanity depends on disease of brain, why not treat it as a bodily disease ? They will easily detect the fallacy here, who do not always associate in their minds the treatment of disease with the administering of drugs ; who believe that the healing art has other, and, in a large proportion of cases, more potent remedies than the shop of the apothecary can afford. In chronic disorders, especially of a nervous character, the means on which the intelligent practitioner relies with most confidence are not the heroic medicines whose virtues are blazoned on the pages of countless books, but proper diet and exercise, change of air and scene, useful and agreeable occupation of the mind. If these noble remedies are so efficacious in disorders that do not involve the mind, is it chimerical to expect much from their beneficial influence upon that disorder which mainly affects the material organ of the mind itself ? In the treatment of insanity, therefore, it is no departure from the ordinary principles of therapeutics to give to those means which act directly on the mind, the preference over such as are applied directly to the corporeal system. Soundness of these views strongly confirmed by results of observation in regard to particular remedies and modes of practice. General bleeding, once considered indispensable in acute mania, was utterly discarded 40 years ago by Pinel ; is practised with increasing caution and distrust by the English ; and is now seldom used in any American hospital. Purgation, stimulation, and other practices equally popular in their day, are gradually sharing the same fate. Medical practice of present day, in this country and in England, chiefly confined to combating symptoms as they arise. Same diversity, as to details, as occurs in general principles of treatment. A potent drug with one, is found with another of little use ; and improvement of bodily health, in a certain particular on which the cure of the mental disease is thought by some to depend, is regarded by others as having little to do with it. Still would not have it imagined that he holds

all medicines equally useless here. Believes that much may be done by means of their judicious application to prepare the system for the action of more efficient means and influences. First object, to ascertain what bodily disorder may exist, and endeavour to correct it by appropriate remedies. In a very large proportion of cases, even of such as are of long standing, is some disorder of the digestive organs, indicated by coated tongue, costiveness, flatulence, or morbid appetite. To correct this, gives the compound colocynth pill, and substituting for white flour bread, that of Indian meal and rye, or of unbolted wheat meal. When biliary system has appeared to be affected, blue pill to a limited degree. Under this treatment, persevered in for a few weeks, has often, especially in the more recent cases, witnessed a marked improvement in state of mind. Occasionally, this connexion between the morbid conditions of the digestive organs and mental disease appears to be of the most intimate character. Indeed, in very recent cases, copious evacuations of the bowels have been sometimes followed by immediate convalescence. In several cases of suicidal propensity, a degree of comparative calmness and desire of life has occurred as soon as the bowels came under the influence of gentle laxatives, and been succeeded by extreme restlessness and suicidal desires when the medicines were withheld for a few days. Object in view is not long-continued, active purgation; but merely a free state of the bowels—the medicine being withheld or diminished the moment the former effect is produced. In a large proportion of recent cases, an unusual degree of heat of the scalp and flushing of the face, for which local bleeding would seem strongly indicated; and, indeed, is much practised in the English hospitals. If bleeding were proper in insanity, its use would be warranted here, but is not certain that it would be preferable to some other means. Apart from the unfavourable moral impression it is apt to make, necessary repetition for effectual advantage inadmissible. Preferable in all these respects, and more efficient in operation, is cold water to scalp and face, either by wet cloths, or a stream poured from the height of a few inches. Very often calms general mental excitement, and moderates paroxysms with which symptoms in question are sometimes accompanied. Has found it not unusual for patients who have once experienced its effects, to ask for its repetition on approach of paroxysms. Another very common accompaniment of insanity, in all its stages, is disordered functions of the skin. For this nothing more efficacious than frequent warm bathing; and, under such circumstances, if much vascular excitement, cold bathing an excellent substitute. Plentiful use of soap, and brisk rubbing. Long-continued immersion in the hot bath said to exert a very sedative effect; he has never practised. In a large majority of cases, most prominent feature, popularly regarded as constituting disease itself, is nervous excitement—indicated by restlessness, loquacity, vociferation, and turbulence. Frequently mistaken for vascular excitement, has been met by large bleedings, by which it has been usually aggravated, and foundation laid for a tedious convalescence, if not chronic insanity. To quell this symptom, has been considered by physicians as particularly desirable; as if they thought that so far as they succeeded in this point, just so far they advanced in the cure of the disease itself. This a serious mistake. Insanity involves something more than mere excitement, and although subsidence of latter a favourable symptom, yet it is not always the immediate precursor of convalescence. If it constitutes the disease, duty

of physician to apply his whole art to overcome it. If a mere symptom, he might be contented to wait the effect of a withdrawal from all moral stimuli, and of remedies calculated to correct the disorders of the other bodily functions. Occasional success of treatment founded upon the former supposition, has probably contributed to perpetuate the mistake. Hence has arisen the practice which has lately gained much credit, especially in this country, of administering narcotics in large doses. His own experience leads him to believe that the value of this method of treatment has been greatly over-estimated. At any rate, his results have been very different from theirs who regard this treatment almost in the light of a specific in mania; and that, too, in the more quiet and dejected, as well as its more turbulent forms. To subdue inordinate excitement, has occasionally given digitalis, stramonium, conium, and hyoscyamus; but never with any success. Friends of this mode of treatment rely chiefly, it is true, on opium in some form or other; and although it has not proved quite so inert as other narcotics, yet its results in his hands have not been such as to recommend it very strongly to his favour. Has used it frequently and freely, and believes that his experience with it has been sufficiently extensive to warrant him in speaking of it with some degree of confidence. In a very few cases, has seen its exhibition followed by a subsidence of the excitement, and speedy convalescence. In nearly all these cases, the patient, though wild and turbulent, still possessed some degree of self-control, and was capable of conversing with tolerable coherence. With these exceptions, cannot satisfy himself that opium has been followed by any permanent benefit. Occasionally, has evidently diminished the excitement more or less, but the effect could be maintained only by increasing doses; and the deceitful calm thus produced has disappeared as soon as the medicine was stopped, as became finally necessary, from its effect on the stomach or bowels. In no single instance has witnessed *any* benefit from its use in recent, raging mania, with intense excitement. In these, and all other cases not included in the above exceptions, has thought its effect was rather to increase than diminish excitement. In old cases marked by bad temper and a spite of malice, opium has rendered them better-natured, and disposed to engage in some employment; and is not sure that it has been followed by any ill effects. May be said, perhaps, that he has not administered it in sufficiently large doses, or not observed some other condition necessary to its successful effect. Can only reply, that he has followed the directions of those who profess to have met with signal success in its use, and that he is unable to conceive any mystery, &c. Another very common accompaniment, is sleeplessness. Connected with high nervous excitement, it would not seem to be the subject of any special treatment; but is aware that others think differently, and prescribe narcotics. Has sometimes allowed himself to try them, and invariably increased the evil. When attended with much vascular excitement and heat of the head and skin, the cold shower bath often affords temporary relief; the patient going to bed and enjoying sound and refreshing slumber. Taken at bedtime, it was found in several instances, during the hot summer nights, to procure tranquil and uninterrupted rest, in place of noise and mischievous industry. It sometimes happens, however, that great sleeplessness is experienced by patients who are but little excited, and in whom it is connected with no obvious disorder of other functions. Opium is sometimes serviceable here, but oftener increases

than diminishes the evil. Lupulin and hyoseyamus, in the form recommended by Dr. Brigham (v. Brigham), has afforded relief when other things have failed. For promoting sleep and quiet at night, has found nothing like hard work in the open air; and when able to use this means, seldom obliged to resort to medicines. Hence, in females, from sedentary habits, want of sleep and restlessness, far more common, and less easily remedied, than in males. Where strength of constitution is much impaired, as in a very large proportion of his young married female patients, tonics, and occasionally stimulants, have seemed to be indicated, and has thought them of considerable service, especially the former. Such the main features of his medical treatment. It is simple, embraces but few remedies, and is intended to correct those disorders of the bodily functions which are indisputably within the reach of medical means. Medicines, simply for their supposed efficacy in curing insanity, without reference to other disorders, has never administered. Neither thinking insanity a disease of inflammation nor of debility alone, has never attempted to cure it for that reason simply, by depletion on the one hand, or stimulants and tonics on the other. But, considering it an affection of the brain, the nature of which we know but imperfectly, has thought the physician's duty consisted in remedying those bodily disorders with which it is generally accompanied. But when these are removed, when the digestive organs have resumed their healthy condition, when the pulse becomes natural or nearly so, and no unusual heat or dryness remains in the skin, when the excessive nervous excitement has disappeared, and the patient become tolerably calm and self-possessed, while reason is still very far from having returned, then are we obliged to rely almost solely on *moral means*. His moral and medical treatment does not differ materially from that of other similar institutions in this country; and this is, perhaps, the best proof he could offer of its general correctness. Indeed, the strongest evidence that the progress of knowledge here has been sure, if not great, is the fact of this uniformity of the general principles of treatment in the different institutions. The difference between them chiefly consists in the different amount of means and appliances for carrying these principles into effect, and of facilities for increasing the comfort of the patients by ministering to their tastes, gratifying every harmless wish, and judiciously associating them together.

2. The New-Hampshire Asylum, at Concord, has been open for the reception of patients but a short time; the first patient having been received on the 29th of October, 1842. The Superintendent, previously to his appointment, had occupied the situation of Assistant Physician in the State Lunatic Hospital at Worcester; and the New-Hampshire Asylum is altogether on the plan of this hospital. The practice also, medical and moral, is very similar to that employed by Dr. Woodward. The farm consists of 124 acres.* Dr. Chandler observes, in his report for 1842-3, our intercourse with our patients is friendly and social. Treat them as companions and equals. We should be scrupulously honest and candid, lest we excite suspicion. To be patient, and to administer to their distresses with kindness, secures their good-will. In suitable weather, male patients have walked abroad, or worked in the fields with their attendants.

* Succeeded, in 1845, by Dr. McFarland.

Have done much towards preparing fuel, and have assisted in farming, and also in making mattresses. Have a joiner's room, and tools for those who can use them. Amusements are chess, cards, games, &c. Females knit, sew, and attend to weekly mending; a number of articles of clothing and bedding been made by them; also, do much of the work in the domestic department. The matron, with all the females employed, and as many female patients as can work well, have met sociably once in two weeks in the parlour. They spend the afternoon very pleasantly, making articles which are exposed for sale—the proceeds being expended in books, or whatever will afford amusement for the inmates. After a few hours' work, some thirty of us, with whatever strangers may have been invited, assemble at the tea-table. All are made happier whilst the party lasts; occupies the minds of some in making arrangements for it; and an inducement to self-control in others, in order that they may be invited again; and adds to the happiness of the whole household, in procuring the means of amusement to beguile the long hours that would hang heavily upon us. On pleasant days, the females walk out and ride in the carriage. It is a rule to give each patient as much freedom as the nature of the malady, and the good order of the household, will admit. Confinement is irksome to most people, and especially to the irritable and restless insane. Confidence, after reason and self-control begun to return, seldom abused. At time of writing, 8 patients go in and out, and about the village, as they please: 6 more work about the premises, without any special attendance, daily. Not uncommon for all, except the feeble and sick, to be out of doors on pleasant days; walking about, working with their attendants, or riding in the carriage. Keeping the mind and body in moderate action secures for every one, whether in hospitals or out of them, the greatest amount of health and happiness. Twenty (1842-3) out of the 76 patients, on the Sabbath have attended services in the churches in the village. In 1843-4, more than 50 out of 104. Some go alone, others with attendants; they have uniformly conducted themselves with perfect propriety. The clergy of the village occasionally preach in the afternoon at the asylum. Many are fond of reading. Books of literature, history, the sciences, and miscellaneous reading, are much sought after. The Scriptures we generally place in the hands of all. The diet is as follows:—Sunday. Breakfast: hashed fish, potatoes, butter. Dinner: bread, butter, cheese. Supper: warm baked beans and pork, butter. Monday. Breakfast: cold meat, warm potatoes, flapjacks or pancakes. Dinner: boiled beef and pork, pudding, molasses, butter. Supper: nutcakes, cheese, butter. Tuesday. Breakfast: warm biseuit, butter, hashed meat and potatoes. Dinner: roast beef or pork, vegetables. Supper: gingerbread, butter, cheese. Wednesday. Breakfast: cold meat, or stewed with potatoes, butter. Dinner: meat, soup, with potatoes, pie, cheese, or pot-pie. Supper: baked potatoes or sweet bread, butter. Thursday. Breakfast: codfish, boiled or stewed, broiled steak, potatoes, butter. Dinner: boiled beef and pork, potatoes, rice, molasses, butter. Supper: cake, gingerbread, butter. Friday. Breakfast: hashed meat and potatoes, toast or warm biseuit, butter. Dinner: stewed pork and peas, or broiled steak, or fried fish, or fried pork and potatoes. Supper: pie, butter, cheese. Saturday. Breakfast: fresh meat or ham, potatoes, butter. Dinner: boiled codfish, rice, molasses, butter, potatoes. Supper: butter, apple sauce. Weak coffee for breakfast, water for dinner, weak tea or shells for supper.

Corn, rye, and wheat bread on the table at each meal. Milk, when plentiful, for one or more of the galleries for supper. Fresh meat substituted for the salt in cold weather. The above is the diet of all, except in particular cases where another is prescribed. Dr. C. observes, several have recovered in this asylum by continuing our exertions for more than six months, who, at the end of the first three months' trial, had scarcely begun to amend.

3. The Vermont Asylum, at Brattleboro', was opened in 1836. The patients engage in the games of ball, quoits, chess, backgammon, billiards, drafts, dominoes, and graces; they also walk out, ride, fish, read, write, draw, paint, and play on the piano. Have had (1843) several dancing parties, but find those confined to one sex to have the most favourable influence. When both sexes have united in the same dance, have noticed that they were more excited or less quiet than when their parties were separate. Library of 500 volumes. Assistant physician, ex-officio librarian, and the patients, take out books every Wednesday and Saturday. The institution has also a printing office, in which a journal is published, and they thus have on their exchange list more than one hundred newspapers, furnishing reading to the patients. The interest in the journal very beneficial. A small portion only capable of writing for it, but many employed in making selections, and this acts revulsively. Newspapers are valuable, inasmuch as many will look over a newspaper, and read here and there an article, who would not open a regular treatise. Those who have been students write and select for journal, whilst the merchants and business men fold and direct the papers. Others select and copy extracts from books and newspapers. As a mode of revulsion, writing, either copying or composition, is very beneficial. Always furnish them with stationery, and employing themselves in writing has apparently been a powerful means in their restoration. Allowed to write on all subjects except their hallucinations. The females engage in sewing, fine needlework, knitting, and domestic duties. A beautiful garden connected with the establishment, in which they walk and cull flowers for their rooms. The matron has frequent sewing parties, at which they have fruits: those who are boisterous in the halls will here control their feelings. There are also frequent sewing and quilting parties in the hall. The one great object is to keep the mind pleasantly occupied. Have endeavoured to furnish employment to all our inmates in a condition to be employed—that all shall be employed more or less every day in some exercise, either of amusement or labour. Majority of males being agriculturists, are employed under a farmer in the farm and garden; farm, 50 acres. A shop furnished with joiners' and carpenters' tools, and those accustomed to these repair the buildings and fences, and make and repair the furniture of the establishment. Also a shoemaker's shop, in which those accustomed to business are employed. But as the bending posture here is unfavourable to health, we do not encourage this employment so much as others more favourable to recovery. These pursuits would not be profitable, unless the whole was accomplished among ourselves. In this manner, too, more favourable to recovery of the patients. For a piece of work required, either in the workshop or on the farm, causes in the patient pride in the confidence reposed in his judgment, and creates a self-respect, which is one of the greatest means towards his restoration. All the sawing, piling, and carrying of wood,

is also done by the male patients. Find that patients recover sooner by employing them in their former occupation, than in those to which they were never accustomed. Seems to awaken their former associations, and the mind is more readily drawn into its natural current of thought and ideas, leaving its delusions. Exercise—in a word, the means of cure produced by useful employment in the open air, on the farm and premises—arc of more service for the restoration of our male patients, than all other moral means whatever. Have continued our religious exercises ever since the asylum was first opened. Know not of their having been injurious to a single patient, and to many they have not only been a source of great comfort, but have greatly assisted in their restoration. Many of the patients experience much enjoyment during the week days by singing in preparation for the Sabbath. A plain, practical sermon is read. Whenever a patient is taken sick, he is always removed to the most quiet part of the establishment, and is attended day and night so long as his sickness continues. Endeavour to secure the confidence and good-will of patients: for this purpose, they are treated with the greatest kindness and forbearance. Made to understand, as far as they are capable, that necessary restraints are applied, not for punishment, but for their own benefit. Never subject to personal restraint, unless to prevent violence or the destruction of property. Their convalescence will be hastened or retarded, in a great measure, by the character of, and the treatment they receive from, their attendants. Their attendants exercise great vigilance over their charge. No accident has occurred to any one by allowing them the use of tools, or by anything connected with their employment. Patients promoted in classification, if fit, and the desire produces self-control. Objecting to premature discharges, it is observed—Frequently have patients who appear well so long as they remain with us, but immediately become insane so soon as they return to their friends. The regular system of management in the establishment keeps the mind quiet and tranquil; but going at large, exposed to usual trials and perplexities of life, patient loses his self-control, and the balance of his mind is destroyed.

From the commencement of the asylum, there has been no other Superintendent but Dr. Rockwell. Previously to his appointment, he was Assistant Physician in the Hartford Retreat, for eight or nine years, to Drs. Todd and Fuller; and, by reason of the death of officers in that institution, discharged also the duties of Steward for four months, and those of Physician for nearly nine. He is, from these circumstances, peculiarly suited to the situation occupied by him. His practice is, we believe, eclectic. There is no institution in the world superior in its results to the Vermont Asylum.

Since writing the above, we have received the following letter from Dr. William H. Rockwell:—"The forms in which insanity presents itself are so various, that no system of treatment can be adopted which will admit of universal application. Our whole practice consists of medical and moral treatment. Our moral management chiefly consists in allowing every patient all the liberty consistent with his own safety and that of others; to conciliate his good-will by kindness and gentleness of manners; to excite in him the sentiment of self-respect; to exercise his judgment in useful and agreeable employments; to divert him from his hallucinations by pleasant and innocent amusements; and to pursue that system of needful and wholesome discipline and restraint which is least

irritating and offensive. Our medical treatment consists in restoring every part of the human system to its healthy functions."

4. The McLean Asylum at Charlestown, Massachusetts, is a corporate institution. Patients were first received in the fall of 1818. Dr. Rufus Wyman was appointed Physician and Superintendent. Dr. Bell says of him, "That scarce any institution can be visited in the land where evidences of the operations of his mind do not present themselves on every hand, not only in the details of architectural and mechanical arrangements, but in the moral regimen and internal system." The plan of giving the supreme power to the Physician and Superintendent was thus first established in this country, and also his residence in the asylum; the discontinuance of the former in part for a while, by the resulting evils, led to its re-establishment. Dr. Bell observes—"In just, enlightened, kind management, and in judicious medical and moral treatment, considerable observation of institutions at home and abroad satisfies me that no essential or considerable improvements have been made on the system first adopted at this institution. It was the system of Pinel and Tuke." On the resignation of Dr. Wyman in May, 1835, Dr. Thomas G. Lee was appointed to succeed him, and had charge of the institution until the time of his death in October, 1836. He was a man of lively disposition, and of much brilliancy and enthusiasm. At the period of his death, he was quite young. He had formerly been Assistant Physician to Dr. Todd, at Hartford, but resigned on account of his ill health. He introduced the opiate treatment into the McLean Asylum. The following observations are from Dr. Lee:—No institution should have less than 50 acres of land, and for pauper lunatics not less than 100. Should be a complete farm and garden. There should be dairy-rooms, workshops, and storehouse all arranged, for the particular object of employing the patients. They should be engaged in cutting, making, and loading hay; planting, sowing, cultivating, and getting in garden and field crops; collecting and storing away fruit; sawing, splitting, and piling wood; husking and shelling corn, dressing flax, tending stock, milking cows, making butter and cheese; washing, ironing, kitchen labour, spinning, weaving, knitting, &c.; in fine, all the labours of a large farming establishment, besides various mechanical labours. Confidently anticipates the time when all these things will be performed in our insane asylums, and when arrangements for labour will be considered indispensable. This not mere speculation. In the institution over which he presides, within the last eight months (dated Jan., 1836), has illustrated not only the *practicability*, but the *great utility* of labour. The farming, gardening, and the sawing, splitting, and piling all the wood, besides mechanical labour, had been done by the patients, with the assistance of the attendants. Females been engaged in domestic labours, sewing, knitting, &c., and all without coercion. There should be amusements to occupy those not labouring; and for relaxation, besides out-door diversions, should be taken to ride into the country, fishing, skating, &c. The occupation should be as constant and varied as possible. As far as possible, we occupy all. In doing this, we consult their taste and feelings, their former habits and pursuits. Games of all kinds, chess, checker, backgammon, nine-pins, quoits, battledore, graces, reading, writing, walks, rides, and field sports, are some of their occupations. We invite the quiet and convalescent into our family, seat them at our tables,

and give to them weekly parties. On such occasions, we engage in, and participate with them, in marching and dancing. Family worship every evening consists in reading a chapter from the Bible, singing two hymns, and a prayer. Taken to church, and religious services once a fortnight in asylum. We meet them as friends and brothers; we cultivate their affections, interest their feelings, rouse their attention, and exercise their hopes; we cheer the desponding, soothe the irritated, and repress the gay. The patients rise and dress about half an hour before breakfast, which is at sunrise in winter, and at 6 in the summer. After breakfast, they are taken out to walk or to ride, or are engaged in useful labour; as farming, sawing wood, assisting attendants, and a few in mechanical employments. A large number are occupied in bowling, quoits, throwing the ring, or other games, reading books from the library or newspapers, or in writing. After tea, family worship. Think highly desirable some simple mechanical labour, in which most can be engaged. Once a week all the females well enough assemble in the house, and spend an afternoon in sewing: there being refreshments, and some interesting book being read, or conversation. These stay to tea with the family, and constitute the Belknap Sewing Society. With respect to classification, they are brought forward as fast as possible, and are deprived of privileges, and returned to the lower stories, only when they have proved by their conduct that they cannot exercise proper self-control. No punishment in any case permitted, and the only measures which can be regarded as corrective are, the deprivation of some accustomed privilege, change in location, and the occasional use of the shower bath with the noisy and filthy. Personal restraint only with those disposed to destroy clothing or other property, and with the furious to prevent injury to themselves or others: the number small. To carry out this system of moral management, it has been necessary to increase the number of attendants and nurses: great pains taken to obtain those of the best character. Many have formerly been engaged as teachers of schools. *We will not continue any male or female attendant whom we cannot invite into our family, seat at our table, and with whom we could not confidently place our wives, brothers, and sisters.* In those patients attending evening service, the slightest irregularity of conduct has been followed by absence for a few evenings; and this has secured order and propriety. The experiment has been attended with the best results. Patients who could not otherwise be kept decently clothed, have exerted their powers of self-control to be allowed to attend. *Case.*—A female habitually noisy, obscene, and profane, having repeatedly solicited the privilege of attending, was told one morning that she should attend that evening, if she kept quiet during the day. She rolled a stocking into a ball, and pressed it into her mouth whenever she felt the propensity active. Thus guarded, she attended prayers, and conducted herself with becoming propriety. Now quiet, industrious, and rational. Idleness is the greatest evil we have to fear; it opens the way to every other. Useful labour is always the best employment. We have seen the very best results from labour. Patients who without it were troublesome and noisy, have become quiet with it. One brought in irons, and constantly raving and excited until employed, when furnished with occupation, became quiet; he braids and sews four or five cane hats a week, besides spending his evenings at games; and, except when interrupted by the entrance of strangers, is sociable and quiet. Labour has been most salutary on all engaged, and

no accident has occurred. One attendant to every 6 patients. No patient, with active suicidal propensity, is now permitted to be without a separate attendant. Amongst the attendants, a laudable rivalry to see who can keep things in best order, is illustrated by this *Case*.—Brought in a cataleptic state. Appeared idiotic, was inattentive to cleanliness, and, indeed, in every respect as helpless as an infant. Was put under a course of treatment, and began to improve, but still filthy in her habits; and, of course, made a great deal of very unpleasant labour. A nurse of the worst class, successful in correcting their bad habits, expressed to different members of the family a wish to have charge of her, which was granted; as he was anxious to cultivate the spirit of selecting the worst cases, and directing to them their special efforts. Nurse gave her most unremitting attentions. The patient was taken at regular and short intervals to the water-closet, and solicited to perform there the offices of nature. Her habits were soon corrected, and from being a very troublesome, she became a very comfortable patient. Engaged in sewing and knitting, &c. Such attentions will seldom fail to correct the most filthy habits; while neglect, solitary confinement, and the want of occupation, will often cause them. The success of any institution will depend very much upon the class of individuals engaged as attendants. The advantages of cultivating the affections, consulting the taste and feelings, and even indulging, to a certain extent, the freaks and fancies of the insane, will be best illustrated by cases. *Case*.—Insane seventeen years, and for sixteen years a resident of the institution. Habitually the most excitable and irascible patient he ever knew; seldom that he would speak pleasantly; would work himself in a state of furious excitement. Believed himself to be God, and any compulsion roused his indignation and wrath. Indulged in his fancies, allowed to wear long hair, whiskers, &c., and treated with uniform and studied respect. Soon became mild. For many years had not been out the courts. Now taken to ride, and invited in the family. Occasionally attends family worship, and though still "a god," is no longer a god of vengeance; calls others "my lord." Several months since he has seen him angry. *Case*.—Ordinarily cheerful and happy, mind weak, but slowly recovering its vigour. In two instances, unintentional neglect of physician to pay her accustomed civilities, has thrown her in a state of anxiety and depression. In both cases, for several days disconsolate, neglected her employment, and wept much. Assiduous attentions soon soothed her feelings, and restored her to her usual state. Facts here and elsewhere remind us of constantly treating the insane with the utmost delicacy, attention, and respect. Should teach us the necessity of pursuing a consistent course of treatment, of cheering the desponding, soothing the irritated, and allaying every rising storm—the importance of securing their confidence, respect, and affection.

Dr. Lee informed Mrs. Sarah J. Hale (r. her "Good Housekeeper") that when patients were brought to him in a raving state, and, as was usually the case, they had been confined to a low vegetable diet, his first measure was to order for them a good meal of solid food. In almost every instance it proved beneficial in calming the mind. He observed that he considered a portion of animal food indispensable for his patients. Several things worthy of notice are found in a report, at this time, of Mr. Columbus Tyler, the steward of the institution. *Case*.—A young man brought handcuffed; been insane six months, and during half that period

chained to the floor ; constantly growing worse, and disposed to tear his clothes and be filthy. Chains and fetters removed immediately, and assured that we were friends ; was noisy and much excited, and loud in curses on those who had chained him ; taken in the garden to work the next day, and continuing his work daily, the excitement soon passed away ; recovered in three months. A carpenter's shop was opened, which furnished work to a number of the patients ; indeed, answering the wish of Dr. Lee for some simple mechanical employment. *Case.*—Periodically excited, the turns recurring once a month, and lasting two weeks ; very filthy, and so furious that it was with difficulty that his clothes could be kept on. Had been in the institution two years with no improvement. During his tranquillity listless and childish, slept most of the time, and could be occupied or diverted very little. At the opening of the shop, being tranquil, was induced to go to work, and placed in the upper story with the most quiet patients. Soon became interested, was taken to ride, fish, &c., for relaxation. In five months, discharged well, and now industrious at his trade. Our labour has not resulted in mere amusement, as the harvest of our crops abundantly testifies. (Details the various means of revulsion mentioned by Dr. Lee.) Give a man constant employment, treat him with uniform kindness and respect, and, however insane he may be, very little may be feared from him, either of mischief or violence. In all our amusements and recreations, it is our own intention to blend utility with labour or diversion. The Belknap Sewing Society seek out and assist the afflicted and destitute of the neighbourhood. *Case.*—A male patient admitted, possessing great muscular power, and remarkably athletic in form. In the highest degree of irritability and violence. Occupation carrying bricks and mortar for masons. Boasted of his great strength, and would try to come in collision with others. Low diet and cathartics, thrice weekly. Breakfast and supper, a bowl of gruel, with half an allowance of bread and butter ; dinner, a moderate quantity of pudding and vegetables, with bread, and one mug of small beer. On this fare some months, constantly growing more troublesome and dangerous. When walking in the courts, would always seek for nails and pieces of glass, making of them weapons of danger and mischief. Various restraints tried without avail. In this way he continued doing all the mischief he could. At last, kept entirely in his room. In a few days, had almost spoiled a bedstead and the casing of a window. One day, on entering, said to him, “ My dear Sir, you are causing yourself a great deal of useless labour, and us much unnecessary anxiety, &c. : now what shall be done ? ” He answered, he was ready to make a bargain that he would give no trouble, if they would give him as much coffee, tea, bread and butter, pudding and vegetables, as he desired. We complied. Of the first meat dinner he ate immoderately, and in a few minutes was in a sound and tranquil sleep, till near teatime. He had not slept much for a long time previously. Went on thus, and recovered. Diet of patients full and nutritious. Establishment as neat as the cleanest private one.

Dr. Luther V. Bell, of New-Hampshire, who had taken great interest in the efforts made to provide for the insane of his own State, was appointed on the 1st January, 1837, to succeed Dr. Lee. He had leave, previously to entering upon the duties of his office, to spend several weeks in visiting similar institutions. The following rules are found in the code adopted in April, 1837 :—Patients shall not be confined or

subjected to force without the previous direction of the Physician and Superintendent, except in cases of immediate danger to themselves or others, or to prevent the immediate destruction of their own clothes or other property. Shall be supplied with newspapers and books, and provided with all suitable amusements. Shall take exercise by walking, riding, gardening, or otherwise. Shall attend public worship on Sunday, when in a suitable condition. Attendants shall bestow on the boarders the most constant attentions; join with them and encourage them in all their labour, exercise, and recreation. For the first one or two years of his superintendence, the medical treatment pursued by Dr. Bell varied little from that of Woodward and Lee. He has since given up to a great extent the opiate treatment. His present ideas on the subject of treatment may be found in his report for 1841. "Each year that I have passed in this extensive field has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance upon moral means. No individual at the head of an insane institution would now think of combating any form of insanity with the depletory and reducing means once regarded as indispensable. The practice of bleedings, violent purgations, emetics, vesications, and derivatives, has passed away before the light of experience. A different and opposite mode of treatment by energetic sedatives, I am satisfied, is obnoxious to many objections, although far to be preferred to the first. The recoveries under their administration, occasionally most magical and most gratifying in appearance, and for the present, as far as my observation and experience have extended, are neither so perfect nor so permanent as under a less decided course of measures. A wise expectation, and a cautious use of medical agents to meet symptoms, comprise most of the aids that the pharmacopœia is capable of affording. But in relation to moral means especially, carried through, as they can only be, by the instrumentality of an appropriate institution, my annual experience has only exalted my confidence." We may consider Dr. Bell, then, to employ the expectant method of Pinel, meeting symptoms as they arise, and according to the indications. For instance, using in general merely the warm bath, and a laxative or enema once or twice weekly. He thinks that most recent cases will terminate spontaneously, by attending merely to the indications, moral means, and avoiding all sources of irritation. As being founded upon the false idea that there is inflammation or congestion of the brain, he rejects counter-irritants and bloodletting, either local or general. Many cases are brought in debilitated by previous depletion: in the immediate vicinity, the physicians send them in so soon as they are taken, but when from a distance have been generally bled: on this account tonics are necessary for some patients. Conium he considers an useful medicine; uses it in recent cases; thinks it alterative and slightly narcotic, as, after taking it some time, he has observed a calmness in the patients.* He gives gr. vij.—viij. in solution thrice daily. The douche was never used here except as a mere experiment by Dr. Wyman. In this institution, there is a bath for the turbulent, composed of Roman cement, iron and bricks, as being more durable. Dr. Bell, as may be inferred from what has been said above, does not use the opiate practice much at present: he thinks, however, that in periodical incur-

* The experience of Dr. Bell has recently led him to doubt the efficacy of conium.

bles it is very useful; they will sometimes tell their feelings preceding an approaching paroxysm, and opiates taken at the time will prevent it. Many cases, even of those apparently entitled to be considered as strictly nervous, he says are not benefited by it. He does not think that the minds of those cured by this mode attain their original strength, or the strength which they have when restored by other methods; whether caused by some remora of the blood in the vessels of the brain he cannot say. He allows, however, that it sometimes seems to have the most magical effects, fits the patient for the action of moral means, and prevents injury to the building and destruction of clothing. He observes—"An important rule is, that no restraint even of the slightest kind should ever be applied or removed except under the direction of an officer." He does not go for abolishing restraints, as sometimes they are beneficial: for instance, where the patient has a propensity which he cannot resist, as picking the skin of the face, or an active form of the suicidal propensity, or a protracted standing on the feet rapidly tending to fatal exhaustion in the debilitated. The system of non-restraint could be easily adopted in the McLean Asylum; but he doubts whether he could then report the occurrence of no painful accidents year after year, and duty leads him not to run the hazard. In the New-England institutions, it is not the violent, furious, maniacal cases which are ordinarily subjected to personal restraint. To those under proper architectural provisions, this is rarely ever necessary, and almost always injurious. An appropriate large-sized strong room, a long gallery without moveable furniture, with the windows protected by cross screens at the end, a cautious attendant permitting the excited subject to work off his irritability by sawing wood or some similar laborious exercise—all serve the purpose of calming and restoring such patients, whilst personal restraints exasperate and protract this stage of the disease. It is in the cases referred to, where the sufferer is disposed to mutilate himself, to indulge in perverse habits, that they are required. With them, the patient is scarcely ever subjected to personal restraints for the safety or protection of any one but himself; never for the convenience or security of those having the care. The non-restraint system involves the employment of human strength, against which the spirit of man rebels far more than against material bonds. It also implies seclusion, which is galling and otherwise totally useless in suicidal cases and those of self-mutilation, and if long persisted in, calculated to induce vicious personal practices. He objects also, on several accounts, to the plan mentioned in a report of a large English non-restraint hospital, of locking another patient into the sleeping apartment of the suicidally disposed, to guard against the propensity, from the danger of fatal accidents, the changeable nature of insanity, the unspeakable enormities in some foreign establishments with less close contiguity, and the burden which is thrown on the watching patient. Judicious recovered patients, who have been subjected to personal restraint with them, with one accord, as far as his information extends, have coincided in approving of its propriety and expediency. With patients from classes accustomed to bodily labour, especially those who have been acquitted by juries as insane (often deranged on a few ideas only), an immense amount of useful labour is realized in asylums all over Europe, and, as far as has been attempted, in this country. An explicit division of powers amongst those having the immediate charge of the institution of the greatest importance. Most of the troubles

which have in former years occurred in this asylum, at those at Hartford and Bloomingdale, arose from a clashing in authority between the medical head and the steward or warden. The true principle, verified by the experience of the several institutions of this commonwealth, consists in giving one man the power (under the oversight of the managers), and charging him with the responsibility of the whole establishment. In each successive grade in the asylum, the indulgences and privileges as regards society, furniture, books, care of their own clothing, and in fact anything evincing confidence in their improvement and character, are correspondently augmented, so as to render a successful endeavour to act rationally and properly sure to be rewarded in a way which is felt and acknowledged. Importance of classification cannot be overrated. Lodges and strong rooms not called into use more than three or four times a year, and one per cent. on an average not under constraint. In certain cases where the mind is phrenzied and chaotic, best room a solitary, with a stone floor warmed by steam or hot air below, without glass or moveable furniture; until in a condition for moral means. Never have had to use strong rooms as places of permanent detention, a few weeks being the extent of time. If there are patients so uniformly and permanently furiously excited, or irremediably filthy, as to require constant confinement in lodges, they have not fallen within his experience. The attendant, under the direction of the supervisor, by constant and patient care inculcates habits of personal neatness; cheers the desponding; checks the noisy or the petulant; turns the thoughts of those occupied in insane illusions into a new channel; walks, rides, engages in amusements with them. In fact, from morning to night, endeavour is, that the patient should have as few moments to himself as possible to brood over false ideas, or indulge secretly in bad habits. Facilities, a farm, a highly-cultivated garden, a nursery of trees, a carpenter's shop, the sawing, splitting, and piling wood, a bowling alley, a billiard-table for each sex, chess, cards, drafts, newspapers, drawing and surveying materials, a well-adapted library, five or six horses and carriages, musical instruments, &c. Extent of liberty varies with extent and character of disease, from a restricted walk in a courtyard, to visiting on parole the lecture-rooms or public meetings of the city. Number of attendants, one to every four or five patients, independent of particular cases, when from a suicidal propensity or other adequate cause, one devoted to a single person. Religious services as mentioned by Dr. Lee. The Rev. Frederic T. Perkins now preaches at the institution on the evening of each Sabbath. Also dancing and sewing parties. Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment which has proved immeasurably superior to all others as regards a large class of male patients. It is systematic, regular employment in useful bodily labour—as found in the carpenter's shop. No institution has tested its value more fully. They manufacture boxes for soap, candles, ink, hats, &c., as requiring just about enough skill and dexterity to stimulate patience and ingenuity, and yet not requiring such nice workmanship as to discourage the inexperienced. Merchants, lawyers, and farmers amongst those thus most willingly and usefully interested. A certain class of melancholic and stupid subjects, when once thus engaged, are almost sure to recover. No profits in a pecuniary point of view. Labour will never cease to be regarded as an auxiliary, in a curative point of view, wholly indispensable.

Custodial patients have the same reasons for cultivating the habit of industrious employment as in relation to common individuals in society. It prevents mischievous habits and dropping into apathy. We see the influence of active exercise upon a class of old cases brought to the asylum with their physical system much prostrated, joints flexed and stiffened, feet and legs swelled, ulcerated, &c. Such are placed on a regular diet, and induced to turn the large wheel of a circular pan to pump water into the garret, or any other kind of even automatic labour; and their looks, appetite, and sleep will be speedily amended. It is remarkable how few patients of this old and helpless character cannot be led into the habit of more or less labour. For the chronic insane it is difficult to fall into habits of industry long suspended: we can only cause them to do so by persevering, patient, and ceaseless efforts. It frequently happens that the patient must have his hands raised, placed upon a saw or plane, and an attendant's hands placed over them, and the requisite motion thus given. After finding the attempt continued, and that it is firmly, kindly, and regularly persisted in, it will rarely happen that the effort will prove ultimately abortive.* Cases from masturbation sometimes exceptions, from the attempt being unsafe. One attendant is necessary to every four or five patients, in working, to do justice to them; but at the McLean, a larger number of recent cases (1837) than in any other institution in America. After labour is confirmed, a few attendants can oversee a large number. If labour be important as a palliative to the welfare and comfort of all concerned, its results as a curative measure, in cases susceptible of restoration, cannot be overrated. Here the application is much easier, as the disuse is not ingrained by time. The head of an asylum must decide in each case the period at which they will be called for; in a phrenzied state, its use would be absurd. Amongst permanent residents at the McLean, the endeavour is made to produce a fondness for ordinary employments. They have some peculiar ones, as surveying, copying, and painting: the taste of each patient must be in a measure consulted. He once thought that the lunatics of New-Hampshire, in a properly-constituted building, with suitable land, &c., would be capable of self-support. Mentions the use of the stomach-pump in suicidal cases.

Moral treatment comprehends, says Dr. B., four points.—1. Separation from home, friends, ordinary associations, visits, letters, and the like. The experience of all ages and all countries coincides as to its importance, so that the general statement is fully warranted that patients in an institution usually recover; while those treated at home generally do not. 2. Direction; that is, being governed by all indications, moral and medical. Had an institution a Pinel, an Esquirol, or a Tuke for its head, with as perfect architectural arrangements as possible, and were obliged to depend on a few ordinary *keepers*, its success would never reach the practicable maximum. Recent cases might recover almost spontaneously; but in cases of considerable duration, the prospect of benefit depends on the amount of persevering, well-directed labour which is bestowed. Hence necessity of good attendants. 3. Classification. Experience shows that the very highest curative advantages are affected by the mutual action and attrition of diseased minds upon each other. Emulation and other faculties called forth. An institution

* These characterized at first by jealous suspicions of evil, sudden malignant impulses and explosions, and despairing sentiments. Latterly they sink into dementia.

for old cases mainly, which soon become quiet and routinal, requiring little custodial attention, may have 20 or 30 in each gallery, whilst in one where a majority of cases are active demanding curative aids, a greater number than from 6 to 12 is inexpedient. Architectural provisions should separate the inmates into as many divisions as are useful, and constitute each division into a separate family;—should secure from injury with as little wound to self-respect as possible; allow a constant inspection without annoyance; and attend to health, ventilation, and cheerfulness of prospect. 4. Occupation. Unquestionably certain stages, requiring rest and seclusion, but not for a long time; and such few, as most have passed acute period when brought to asylums. General law, both as to curative treatment and custody, constant but varied occupation of body and mind. Other adjuvants judicious counsel, explanations, and at a proper time even reasonings; religious services, regulated intercourse with the sane, &c.; being all of the highest utility. A reference to the writings of Pinel and Tuke compels us to admit that there is scarcely one item of moral treatment now in use that nearly half a century since they did not recognise and appreciate. In his report for 1813, says, that on account of the liberal sums from the boarders, have felt bound to provide every means of convenience, comfort, and even luxury which the safety and welfare of the whole establishment would permit. Over more than half the galleries, have introduced carpets, paper-hangings, curtains, time-pieces, looking-glasses, toilet-tables, wash-stands, and articles of mahogany furniture and table furnishing customary in genteel families. The amount of damage is less than would occur in an ordinary hotel. In the sleeping apartments, common swell-beam French bedsteads with toilet-tables and wash-stands of the most fragile construction have replaced those strong and peculiar articles formerly deemed essential in an asylum, and in two or three years' use, not one has been intentionally destroyed; half the boarders having them.

In each class of the McLean, are 11 or 12 patients. Three or four female cases of moral insanity, Dr B. found it best, after many trials, to place by themselves, or two together in one department. Of cases of moral insanity he observes, when kept in regular habits, under a firm yet mild disciplinary regimen, they present little or no aberration of mind to the superficial observer. No indulgences, no proper extent of liberty, no unremitting attentions to even unreasonable requirements, have the slightest effect in satisfying them. If ever taken home on trial, a few weeks or a few months, during which they have the uncurbed rein of their own movements, usually sees them returned to our care. Patients with the suicidal propensity are early made inmates of our institution, from the difficulty and hazard attending their care elsewhere; of course they are almost all recoverable. If prevented from self-injury, they ordinarily have a slow and gradual recovery. One patient with us, who was always on the look-out for means of self-destruction, recovered after a more than year's treatment. In such, dependance on unremitting, vigilant watching. Where satisfactory evidence that this act has been meditated, allow no apprehensions of its stimulating the patient to renewed attempts on finding himself watched to prevent this imperative duty from being fulfilled. Hence our reliance has been solely on such precaution. On many occasions and subjects, will do to trust much to the veracity of those even much deranged. Pledges not to abuse privileges, to go out and return punctually, and the like, may be extended to

a great degree. But where the pledge would cover so all-important and irretrievable hazard as that of life, we have never trusted to it. The suicide's last act often is accompanied with false representations: his whole intent is not unfrequently accompanied with great sagacity in throwing the inexperienced and unskilled off their guard. I should not, with my experience with the suicidal insane, pay the slightest regard to any promises which they might make respecting this act. We have found (a fact long since recognised) that the manner and countenance of those meditating suicide have a characteristic expression, a recognition of which is of much importance. Only one suicide here in eight years, and this scarcely entitled to be considered such: the principal credit of such safety is due to the supervisors of the wings. The only full precaution against suicidal patients, is having an attendant constantly present, even at night sleeping by them. On this account their clothes are not taken from all the patients at night: a strip from the under garment or bedclothes would serve the same purpose as the upper ones: neither will network windows prove a sufficient guard; for something could be twisted through the interstices.

On the class of patients from secret vice, motives act scarcely at all, except fear; higher appeals are powerless. In cases in which the disease consists in an unaccountable and not easily describable nervous distress, amounting at times to agony: the patient being incapable of giving any clear idea why he suffers; having no delusions, but vague and indefinite fears and apprehensions of future ill; the suicidal propensity being no unusual concomitant—the treatment most, if not exclusively efficient, is moral regimen, and this especially in substituting a real evil for the indefinite, intangible misery of the patient's mind. The restraints, discipline, and interdiction from friends of an asylum or of a sea-voyage, are pretty sure to effect a recovery from this truly distressing affection.

The difficulty which Dr. B. finds in letting patients go abroad where they please, is, that should they relapse, they still desire the same privilege, and not perceiving the change in their state, lose confidence in the physician: he is inclined, therefore, to restrict this privilege to the convalescent. To illustrate a general principle with respect to restraints, that is, that however we may diminish their number, still, if an uncommon case occurs, which would be evidently benefited by a certain restraint long since given up by us or never used, we should still apply it in this case, the following example may be given:—A patient from a delusive idea perpetually gnawed a joint of his fore-finger; in order to prevent this, Dr. Bell had a confining chair, constructed expressly and exclusively for this individual. And of course we should not consider it entitled to be considered amongst the modes of restraint used in the McLean Asylum. Another singular case of a somewhat similar nature, was one in which the patient, saying that he was commanded by the Deity, had an inveterate propensity to bite off his tongue, clipping off a small portion every day. After trying ineffectually the bandage for fractured jaw, a hole was bored through an upper and a lower tooth and a wire inserted, and he was thus prevented: he recovered.

5. The Massachusetts State Lunatic Hospital at Worcester was opened for the reception of patients in the commencement of the year 1833, under the superintendence of Dr. Samuel B. Woodward, and has

continued under his charge up to the present time. An outline of his practice has been already given.

To afford a chance of cure in old and long-established cases, must be taken from their homes to institutions devised for their benefit. Restraints are used for two purposes for the individuals themselves, viz.; to keep clothes on them when disposed to take them off, and against the suicidal propensity. For the more violent, such as strike, tear clothes and bedding, break furniture, &c., sometimes for a short period, but never for a great length of time. Confining chairs used but rarely. While restraints should be applied as rarely as possible, and never for the benefit of the attendant, but only for the good of the patient or the safety of his associates, yet consider them as important auxiliaries in treatment. Less irritating than attendants would be. We inculcate self-control and self-respect; we offer indulgences and a better gallery as an inducement to quiet and better deportment: if a man is violent, we place bands upon his wrists: if this is not sufficient, we give him a solitary room. When the temper is outrageous and violent, we occasionally use the tranquillizing chair, and the *douche* and shower bath. We allow of no violence, no harsh and dictatorial language from an attendant, and no application of wristbands, muffs, mittens, or *douche*, but by direction of the superintendent in each case. We admit of no punishment as such, we only carry these restraints and inflictions as far as to make the patient harmless to himself and others, and make a motive and inducement to quiet, harmless conduct. We say to them, We do this for your benefit, not for our gratification. We are grieved to be under the necessity of resorting to these means. Have not seen (1843) a strait-waistcoat for ten years, nor any other instrument of severe restraint. When under restraint, we frequently propose to them a release on a pledge to avoid the misconduct: these pledges are given in a solemn manner, telling them their condition on a forfeiture, when it will be necessary to reapply them. We think much of pledges, and often avoid restraints by taking the word of a violent patient to be quiet and peaceable. Even the suicidal who have been detected in making preparations for self-destruction, will generally adhere strictly to a pledge given in good faith, with feelings of solemnity. With most patients, however violent, there are times when they will make promises, which will have no inconsiderable influence. Those desirous to labour, are easily made to give a pledge to be orderly and industrious, and make no effort to escape. A more quiet and regular class are permitted to go abroad unattended, on a pledge of return, and few ever forfeit it: in 1843, about 30 had this privilege, staying out even after dark. Advancement to a better gallery, permission to ride or walk, admission to the matron's parties, to attend chapel, are obtained on a pledge to observe the requisite proprieties. Sufficient in most cases for patients to know that privation of privileges will follow the pledge's violation, to induce them to adhere entirely to whatever is expected of them. By the use of pledges, and the inculcation of self-respect and self-control, personal restraints are much lessened. It is rare that the paroxysm of excitement, with an insane man, is so great as to be beyond the power of control, if a motive sufficiently strong be presented at the moment. This has often led him to remark, that no insane man is beyond the reach of a motive, if it is presented in the right time and right manner.

Case 1.—*Moral Insanity.* A long time before he could be induced to

wear clothing, or be an hour with a companion. Difficulties constantly arising from the most trifling causes; motives frequently presented to him in the kindest manner, which would greatly promote his comfort and happiness, but in vain; he could not control his feelings or passions. After a long time, persuaded to accept a highly advantageous offer: the motive proved sufficient for his self-control, and he now, for the first time, fulfilled his pledge. From a naked, raving maniac, was transformed into a respectable mechanic, continued to perform all that was desired of him for a suitable time, and was discharged. Laboured constantly since, and is in all respects well. *Case 2.—Moral Insanity.* A seaman. When in the hospital for a year, he was a most troublesome and dangerous man. Disposition to injure others, both attendants and inmates, such, that we were compelled to confine him, much of the time, in a strong room. Would frequently converse rationally, and express deep regret that he was not able to command his temper. Some time in the summer, having committed a serious assault on his attendant, he had been confined for a length of time. On my visit to him one morning, I said, "I now make a new, and, perhaps, last proposal, having violated your pledge many times. I make this because I believe you can govern yourself. I believe you can be useful to your friends, and a respectable member of society. I also wish to show you our deep interest in your welfare." Heard me with deep interest, and with considerable feeling; promised to conduct himself well. Admitted into the wing, and to every allowable indulgence. Conducted himself well for some days. On my return from a journey of a few days, found him in the strong room, on account of an outbreaking. On my first visit said little; on my second, expressed regret at his seclusion again, and said, as I had not been present, I would again permit him to go in the wing. Answered, in a subdued voice, that he should be grateful to do so, and burst into a flood of tears. I then offered to him every indulgence and encouragement in my power. Deeply affected, and solemnly assured me that he would never again abuse my confidence, but would effectually control himself. From this time behaved with perfect propriety, laboured regularly every day, and frequently quite alone. After some weeks, left the hospital, a very pleasant, grateful, and happy man. In these, and many similar cases, no discoverable hallucinations. In this form of insanity, moral means, rightly adapted, can accomplish much. The inculcation of self-respect and self-control, daily and constantly, will have its influence, and effect its object, if persevered in with a right spirit, after the confidence of the patient is gained. These, with kindness and indulgence, indispensable auxiliaries in moral management generally. A full faith confirmed by experience in moral management. In the insane he would inculcate, as far as possible, all the habits of rational life. In matters of religion and morality, he would treat them as the sane; no deception, encourage no delusions, foster no ideas of grandeur; whenever calm, would encourage rectitude of conduct. If, in our daily intercourse with the insane, we should treat them as inferiors, or pass them by without notice or attention, refuse to hear them, and evince towards them a feeling of superiority, they would be in a constant state of irritation and excitement. If we treat them kindly and politely, inquire after their welfare, and hear patiently their story, we awaken mildness and affection, can control them without severity, and gain their confidence and esteem. If there is any secret in the management of the insane, it is this: respect them, and they

will respect themselves; treat them as reasonable beings, and they will take every possible pains to show you that they are such; give them your confidence, and they will rightly appreciate it, and rarely abuse it. Place a man in a solitary, and he will most certainly tear his clothing, besmear himself or his apartment. Give him society and employment, and his self-respect will prevent his resorting to so degrading a practice, and his mental and physical excitability will be otherwise expended. It is as idle to keep an insane man confined after his period of excitement has passed by, as to keep a patient with a fractured leg in bed after the union of the bones is accomplished. The mind of one, and limb of the other, will never be fit for usefulness till, by exercise, strength and vigour are imparted to them.

To a curable patient, nothing can be more offensive than a uniform dress. To any one who has self-respect, and a desire to be considered respectable by others, a uniform dress will constantly be referred to as a mark of disgrace and humiliation. In my view, this is no place to enforce any rigid economy; let the apparel be such as will not be a source of mortification. We go farther, and wish to make it a source of gratification, and a motive of self-control. We purchase cloth cheap, but do not always find the cheapest cloth the best economy. Many patients will take good care of a good suit who will tear a coarse, ill-looking, or uncomfortable one, in pieces. All the insane should have clothing that will not distinguish them from citizens of the same rank and standing in society. Filthy patients are generally broken of the habit, by their being carried at stated times to the privy; so that there are only a few who pass their urine even in bed, at the Worcester Hospital; they are sometimes broken of this by the use of the catheter. In cases from secret vice, no good whatever from remedial treatment, unless such impression can be made upon the mind and moral feelings, as to induce them to abandon the habit. Cutting the spermatic cord has been tried.

The chapel bell is rung for getting up, and at meal-times. Patients rise at 6 o'clock, A.M., in winter, and half past 4 in summer. They are washed, combed, and clad before breakfast—at 7 in winter, and at 6 in summer. Dr. Woodward himself rises and attends to correspondence by candle-light in the morning; whilst, at the same time, the assistant physician rises and makes up his medicine. He sees the steward as to business matters before breakfast at his office, and the matron or seamstress directly after; she detailing to him things respecting the patients, &c. Dinner at half past 12, and supper, in winter, from half past 4 to 5—in summer, from half past 5 to 6. Rooms then put in order, swept and ventilated, and galleries also. His regular medical visit at half past 8 in winter, seeing to the patients, inquiring into their welfare, ascertaining wants, prescribing medicines, and directing as to amusements, walks, labour, &c. This visit occupies the forenoon. At 12, prescriptions. Assistant physician accompanies him in his regular visits. He does not, however, pass directly through the institution in making this visit, without any interruption, but goes leisurely, sitting down and conversing with a patient, for instance, every now and then; and, perhaps, after going through a ward, returning to his office to see some one. In the afternoon, he attends to correspondence, visitors, and records. Intercourse with patients familiar and parental. Amongst other rules for attendants, must greet the patients in the morning. Patients must be spoken to in a mild and gentle tone, soothed when irrita-

ted, encouraged and cheered when melancholy and desponding. An attendant of one of the worst classes observed to the author, that when a patient was much excited he never leaves him in his room until he has, in some measure, soothed and calmed him. If provoked by insults, attendant must not reeminate or dictate, unless absolutely necessary. Never to lay violent hands on a patient, except in self-defence: to prevent his injuring himself or others, and never give a blow. Must never cower, or suffer himself to be looked out of countenance. One attendant must ever be with the patients. Must check improper discourse. The attendants are persons of good character and education: many of them in the female department, for example, can write as good a letter as any lady in Worcester. In order to ensure their presence constantly, in the contract they agree to attend service on the Sabbath in the institution. There are some few moments, as, for instance, at meal-times, when an attendant may not be present; and sometimes there being two wards on one floor separated by a verandah, one attendant will, for a short time, attend to both. The rule is general, however, and considered essential, that each class of patients must be at all times under the charge of some responsible person. Besides the regular attendants, to answer this purpose there is also a flying attendant. About 15 patients, says Dr. W., to a gallery, is sufficient. One man can take charge of that number in our system. Two females can take charge of 20; but a gallery of 20 should be divided in the centre. In each of the six male wards, one attendant. The lodge consists of a few separate rooms, with stone floors heated from below; oaken batten doors, with pallets, sometimes only straw. In one corner there is a seat, with a funnel-shaped opening cased with iron, over a niche from the passage outside, into which the chamber-vessel can be placed and easily removed, without the patient's being able to get at it; this is found in other asylums. In each class there are 16 or 18 persons. In 4 of the female wards, there are 2 female attendants, and in the other two, a man and his wife. The patients sit up until 9 o'clock. Their clothes are usually taken from them at night—this prevents their walking about their rooms at night. At the extremity of some of the halls are plants and birds. Halls 12 feet wide in the centre wings, and 10 in others. Patients' rooms 8 by 10: each contains a bedstead, good straw bed, and hair mattress, with blankets, sheets, pillows, and spreads or comfortables. Tables and chairs, also, to such as are quiet and convalescent. Bedsteads of wood. Warmth from air from six furnaces. No carpets, except a small one in some of the rooms of the females. Great attention, of course, to cleanliness in all particulars. Our tables, says Dr. W., are set with knives and forks, plates, cups, saucers, and platters of earthenware. Best classes have their tables covered with diaper spreads. In this, as in everything else, the nearer you can make the insane like other men, the better influence you produce, and the more self-respect and self-control you secure. Diet full, simple, and substantial. If you make their diet satisfactory, they are better satisfied with the institution, with its officers, and have additional inducements to be quiet. The full diet also tends to make them easy and pleasant. Pleasant and comfortable temperature, and light, cheerful apartments, games and amusements, do the same. So, also, neatly-furnished rooms add to self-respect. At no time, half a dozen patients who cannot eat at the table with knives and forks. No one thing contributes more to awaken self-respect, and restrain the furiously insane

than this indulgence and confidence. The same true as to dress and treatment from those whom he considers his superiors. If neatly clad, feels himself as good as others, respects himself, and is careful to do nothing to "lose caste." Will take care of good, and neglect bad garments. *Case.*—A patient received furious as a wild beast, noisy, violent, outrageous; placed in a solitary room, with the wristbands on. For many days in succession, tore his clothes, and stripped himself constantly; found him one day in a state of nudity. Proposed to him to be dressed, and go into the gallery; he promised that he would be quiet, and tear no more clothing; upon his pledge he went in: he has been quiet, has kept his clothes upon him, takes his food at the table with others, and is quite civil—an entire contrast to what he had been before. The best articles of food always selected, as more wholesome, and economical also. Animal food once a day, and by some twice; unless a simple diet is prescribed, which is rarely done. Vegetables in abundance, and of good quality, daily. Weak coffee and tea, milk, and pure water, constitute the drinks; milk of twelve cows used in the establishment; many patients use neither tea nor coffee. Native fruits and berries in their season, and dry fruits to some extent. About a barrel of apples a day for half the year. Few complain of the quantity or quality of the food, it is never the same two days in succession, and all have as much as they wish or is proper. Sunday. Breakfast: coffee, bread, butter, fish and potatoes, hashed. Dinner: water, bread, butter, cheese, crackers. Supper: tea, toast or biscuit, bread, butter, cheese. Monday. Breakfast: coffee, bread, butter, cold meat, warm potatoes. Dinner: water, boiled meat and vegetables, bread, butter, pudding and molasses. Supper: tea, toast or biscuit, bread, butter, cheese. Tuesday. Breakfast: coffee, bread, butter, hashed meat and potatoes. Dinner: roast meat, water, vegetables, bread and butter. Supper: tea, bread, butter, cheese, plain cake. Wednesday. Breakfast: coffee, bread, butter, cold meat, warm potatoes. Dinner: water, stewed beans or peas, pork, potatoes, bread, butter, sometimes fresh fish. Supper: tea or cocoa, bread, butter, cheese, plum-cake. Thursday. Breakfast: coffee, bread, butter, potatoes, warmed beans or peas. Dinner: water, soup, fresh meat, vegetables, bread and butter. Supper: tea, bread, butter, cheese, pie or cake. Friday. Breakfast: coffee, bread, butter, potatoes and fresh meat hashed. Dinner: water, boiled meat, vegetables, bread, butter, pudding and molasses. Supper: tea, bread, butter, cheese, cake, baked potatoes. Saturday. Breakfast: coffee, bread, butter, hashed meat and potatoes. Dinner: water, bread, butter, fish, potatoes, vegetables, rice and molasses. Supper: tea, bread, butter, cheese, sauce or honey. Under head of vegetables, included, besides potatoes (which are always on the table at dinner, except Sundays), in their season, green peas, beans, corn, squashes, turnips, beets, onions, cabbages, tomatoes, asparagus, &c., most of which are used freely. Salt, pepper, mustard, and vinegar, used as condiments. Fruit, bread, or pudding and milk, sometimes a substitute for other meals. Corn and rye bread, and wheat bread, are each used as individuals prefer. The diet of the hospitals in this country is plain and substantial, differing but little in the institutions generally. Some may allow more luxuries than others, but it is substantially the same. In the British institutions, great variation in the diet of the different classes. In some of them, they make five or six having different food. In this country little distinction, directing, from time to time, such as particular indi-

viduals may require. A plain, simple, but substantial diet, generally best for the insane. No greater error is committed than drenching their bowels with active or cooling purges, abstracting blood freely, or placing them upon a low and insufficient diet. Proportionately more of the abstemious become insane than those who live generously, but temperately. The insane, in general, are not as strong or capable of enduring as much as their attendants and other labouring men. They have rarely too much blood, but this is unequally distributed. The brain is irritable, but not inflamed; and not often, in mania, congested. The maniac has not a condition of the brain that requires depletion, but an irritable one, that needs cool applications, and quieting remedies and regimen. Cold water and ice are much more likely to remove his excitement than bleeding and starvation. Narcotics will control him, and make him quiet and rational, while severity would but exasperate the disease. British physicians have learned not to bleed in mania, but American have not. A patient just brought to him (1843), spare, pale, and feeble, who has been copiously bled *four times in ten days*, and yet is not the less excited.

Case.—A student in one of the New-England colleges; brought to hospital apparently in complete dementia; had lost all decency of appearance; was regardless of the calls of nature; incapable of expressing one idea, or answering a question correctly, even in monosyllables. For cheapness, being poor, ate nothing but brown bread and molasses, and drank water only. Observed by his instructors to become a dull scholar, but diet unsuspected as a cause, until symptoms of insanity were suddenly developed, and he was in a very few days placed in the hospital. Given narcotics and a generous diet; soon mended, and appetite became voracious. At first took animal food moderately, but afterwards freely. When his strength would permit, began to labour. Took usually four or five meals daily. Recovery very rapid and favourable. Gained forty pounds of flesh in less than three months, and in a short time at college again. Now settled in the ministry, enjoys good health and a sound mind, never having failed to pursue his generous living.

Case.—A lady some months ago came under my care, says Dr. W., who, by advice of her physician, had lived very sparingly for six months, to remove the most deep and settled melancholy. Continued to lose ground, and become more feeble and depressed. When I first saw her, under the greatest apprehension of evil; a deep gloom over her mind, attended by emaciation and a total loss of physical energy. Immediately changed her course of living, gave her narcotic and tonic remedies, and a generous diet. She rode daily, spent her time in cheerful society, and engaged in sports and amusements, particularly in dancing, which was apparently very beneficial to her. She gained *twenty* pounds of flesh in *forty* days, had a good appetite, relished her food well, and improved in the most favourable manner. After a time she partially relapsed, but has recovered again, and is now with her friends in a very comfortable state. Prohibit smoking entirely, and chewing and snuffing tobacco by our patients, as far as practicable. In 1837, the chapel was erected. Dr. W. says, in the report for 1838, the more he sees of it, the greater is his estimate of good from the chapel exercises. The hymns sung from a neat little volume (published in 1837), selected by Dr. W. himself from the books in common use in the churches in New-England. Sacred music, says he, is one of the safest and most salutary exercises for the insane—soothing the feelings and acting revulsively. Have always ad-

mitted the Bible freely into all our apartments ; have permitted all our patients to read it as much as they chose ; no appreciable evil has arisen from it, far less, it is believed, than would arise from withholding it. The mode of preaching of the chaplain, the Rev. George Allen, shows that any topic, discussed with prudence, is as suitable for the insane as others, and that they bear as well instruction and reproof. This gentleman observes, that the propriety of religious services is proved by many facts, such as the rational conversation of the patients respecting that which they have heard in the chapel. Besides services on the Sabbath, a Bible-class on that day, attended by many, and a prayer-meeting on Saturday evening. At the prayer-meeting, the chaplain familiarly explains some portion of Scripture ; there is sacred music, and prayers are offered. Most patients attend service voluntarily ; those required to do so, are of the class equally opposed to anything else requiring effort. Of 232 in the hospital, 214 had attended ; 18 had not. These recent, epileptic, continually excited, and the negligent of dress. A choir of patients and attendants, with four musical instruments.

No class of patients are so contented and happy as the labourers ; no other convalescents recover so rapidly and favourably ; many of these would be completely miserable without labour, and their recovery hazarded. The patient enters by it into accustomed channels of thought and action, and the mind performs rationally at labour, if insane every where else. A large class of the incurable are rendered healthy and happy ; and if mind remains, it is kept bright, and prevented from sinking into dementia. It benefits the melancholy as much as the maniacal ; they need exercise, and particularly require the mind to be diverted from gloomy contemplations, and to be excited and interested. In 1813, the excavation of the cellars for the new wings, 375 feet in length, was done principally by the patients, saving about \$300.00. Valuable improvements been also made by ditching, walling, road-making, &c. No department of labour is more beneficial to those employed, or more convenient and useful to the establishment, than shoemaking. We have rarely required labour of any man : all our labour is voluntary, with a (1837) single exception or two. One man was unwilling to labour in the shoe-shop. We talked about a daily showering if he did not work ; but we did not find it necessary to execute our talk, for he concluded to labour, and has worked well ever since. In general, our patients, male and female, are disposed to labour, and volunteer. We think highly of employment to procure rest, give strength, promote appetite, and facilitate recovery. When our patients begin to mend, they desire employment. Common amusements of hospitals useful, and far better than nothing, but will not compare with labour as a means of restoration. It is true that "all work and no play makes Jack a dull boy." It is no less true, that all play and no work becomes insipid after a while, and does not give that healthy impulse to the mind which the idea of utility in labour is sure to impart. *Case.*—A farmer, æt. 30 ; received so violent as to require the attendance of five men. Had been reduced by disease and remedies, but was considered violent and dangerous. After admission, in a few days requested to go to work with the farmer ; permitted to do so. Improved in a very favourable manner : slept well, had a good appetite, and gained flesh and strength. At the end of two months recovered. Being shut up in the halls affects their spirits, but when engaged in the garden and field, they are cheerful, appetite and sleep are promoted, and the physical powers

renovated. Confident, with suitable moral management, labour is the best means of restoring chronic cases to health and mental soundness. Convalescents naturally desire it. Superior to games, as results of operations are witnessed. Riding, amusements, games, walks, and reading all useful, and their means should be amply provided. But labour is the very best employment, and the only one that can be continued long without satiety. During high excitement of recency, should be kept perfectly quiet and in seclusion; but as this wears off, mental and bodily employment must be commenced gradually and carefully, lest the unoccupied mind sink into imbecility and torpor. Nothing can be worse than want of employment.

Dr. Earle says, "In no institution for the insane has manual labour been more extensively introduced as a part of the moral treatment, and in no one has its utility been more satisfactorily demonstrated." They are employed in every department of gardening and farming under the direction of the farmer. Dr. Woodward observes, in one of my daily visits to the hay-field, I found four homicides mowing together, performing their work in the best manner, and all cheerful and happy. In an out-building there is a carpenter's shop below, and above a shoemaker's; and also a place for making hair mattresses, where are made all those required by the institution. The men also cut, saw, and pile the wood used as fuel. The women are occupied by sewing, knitting, and domestic duties. They also engage in straw-braiding, and assist in washing, ironing, preparing vegetables for cooking, scrubbing, and domestic labour. One (1843) has bound 871 pairs of shoes, besides doing many other things. Three (1843) go into the washroom, and as many into the ironing-room daily. Dr. Woodward, upon the principle of treating the insane, as far as possible, as though they were rational, would, both in labour and amusements, seek to occupy them by means of precisely the same character as those appertaining to the sane, rejecting contrivances to amuse, not employed or suitable to be employed by the sane. Riding and walking form the principal exercise of that portion of the patients who do not unite in active labour. These are attended to extensively every day in favourable weather. When there is snow, they sleigh. Females ride, and men walk in parties of a dozen or more, and spend much time in the fields in summer. By relying on patients' pledges, and inculcating self-respect, they thus dispense with courts. Dr. W. objects to these, as prison-like in appearance; patients roll in the dirt and go in the sun. Verandahs also answer partly, being better on account of coldness of the climate. Games are backgammon, chess, cards, dice, drafts, solitaire, graces, battledoor, nine-pins, morriss; reading, writing letters and essays, dancing, singing in parties, ball-playing, football, and the game of one pin. The last he has exclusively introduced, and thinks it an excellent one for exercise. Consists of two pins of stiff leather rolled up, one at each end of the hall; and a large ball of yarn covered with leather or buckskin is rolled at them, the game being knocking the pin down ten times; but merely throwing the ball seems amusing: it is less troublesome than nine-pins. In report of 1843, says, usual games have been kept up, with such additional ones as could be procured. Dancing parties twice a month. From 75 to 100 individuals of each sex (average in hospital 259½) assemble to spend a few hours socially, to dance and witness the amusement. These parties always conducted by the assistant physician, and the utmost order and de-

corn prevails. Refreshments at these, apples and popped corn. Matron's sewing parties twice a month; here from 75 to 100 females assemble and unite in labour and enjoy social intercourse. The work done wholly for the institution; any one working for herself would be frowned down. A fund from this for the library; \$120 worth in 1843. At the dancing parties, in the chapel on the Sabbath, and at the singing parties, the sexes come together, but at no other time in any considerable number. Dr. Woodward entirely dissents from Dr. Jacobi's opinion, that the sexes should never mingle. The intercourse of the sexes as favourable here as elsewhere. Would increase rather than diminish it, and would encourage walks, games, and especially dances, in which the intelligent and convalescent patients should be brought together, under the guidance of their attendants, and hold free and pleasant intercourse. Especially would he have them assemble together for religious worship on the Sabbath, at singing parties, and other seasons of social enjoyment. The influence of the sexes is reciprocal everywhere, and, when properly directed, has a favourable effect on both. We have been too much disposed to consider the insane as making an exception to all the rules of intercourse so useful in civilized society, but they apply in full force to them when not excited, and especially when convalescent. Indeed there can be no question but that the best way to treat the insane is to do to them and by them as to other individuals, keeping out of sight as far as practicable their peculiarities, never speaking of them unless to admonish them to avoid the excesses that grow out of them, to encourage self-respect and rational conduct, get them into habits of order and accustomed channels of duty and employment, and as disease wears away, they will discover no peculiarity or difference arising from estrangement of conduct while insane. The intercourse of the sexes in the social circle, and in religious duty, will greatly aid this important work, and should always be encouraged in such cases as are admissible. If a patient, when he has recovered, goes out of his ward as the prisoner out of his cell, everything for a season will appear singular to him, and it will be very strange if he does not appear eccentric and unnatural, and even give his friends the impression that he has not recovered. But let him be accustomed to society before he leaves the hospital, and he will feel right and appear well. A great number of his patients read, some to little advantage, others to as much benefit as the rest of mankind. For some, one book answers a long time. One day, recently, as he passed through the hall, an excited patient was lamenting that he had lost his *sermon*. The next day he was happy, he had found it; he said he had nearly read it through before his visit, and had only failed to do so the day before, when it was lost, for a long time previous. He said it was a good sermon, and he intended to read it through every day. Library consists of several hundred volumes. Amongst the books, the Waverley Novels, Universal History, Last Days of Pompeii, and several other novels: reviews form part of the staple. Library in Dr. Woodward's office, and no particular day, we believe, for getting books.

Dr. Woodward states that much of his success in recent cases is to be ascribed to active medicinal treatment. Has witnessed the most decided and unequivocal good effects from active remedies; and continues to prescribe them with daily increased confidence. Being a physical disease, requires medical treatment as much as any other physical disease. Chronic cases sometimes, though rarely, cured by medicine. If marked

ill-health, may be beneficial. In all recent cases, and in many old ones, relies upon medical treatment to subdue the inordinate excitement. By a steady continuance of it, in numerous instances excitement is undoubtedly removed, which would have continued unrestrained and unabated. Dr. Woodward was a practitioner near Hartford, Connecticut; and being a trustee of the Retreat, generally sent his insane patients thither. There are various cases on record, in which large doses of narcotics are said to have cured insanity, but until Dr. Woodward's plan, there never existed a regular, systematic practice of the kind. The peculiarity of his mode of using opiates consists in giving large doses, and keeping the patient continuously under the action of these doses, by a constant and unbroken repetition of them as long as their influence is desired. When administered formerly, it was, as it were, in detached doses. In Connecticut, it is a common practice, in typhus fevers, to keep the person constantly under the effect of opiates. The well-known Dr. Todd, superintendent of the Hartford Retreat, was aware of this, and also used other narcotics, but in general merely in night doses. And Dr. Woodward did not employ this system before he took charge of the Massachusetts Hospital, and he was led to it, as it were, accidentally. During the year in which the institution was opened for the reception of lunatics, it happened that he had as a patient a girl who was very filthy, constantly excited, noisy, and tearing: all the usual remedies had been tried in vain. He at last said to Dr. Chandler, "As we are both acquainted with the effects of opiates, let us give her a large dose of laudanum every hour." She continued quiet until night, but the next morning was as before; he then said that they would keep on; they did so, and she became, in three or four days, one of the most orderly, and most useful in working, of the patients. Almost every case at that period, in the institution, requiring medical treatment, seemed to be susceptible of this remedy, as he remarks is apt to be the case with anything new. He generally administers the opiate three or four times a day. The solution of morphia is mixed with lavender. He observes that if a preparation of conium be not green, it is not to be depended on. Nux vomica he uses in cases with a tendency to paralysis. Sanguinaria he considers a valuable emmenagogue. Combines it with calomel or conium. He observes that females not menstruating whilst insane, frequently have no return of the function until after the mind is restored. What he reads, he says, influences his practice very little, but he sometimes gets hints. One third of the patients under treatment in March, 1843. Medicine in cups with labels of buckskin tied to the handles, in small trays. Attendants come for them twice daily. Six convenient shower baths: and accommodations for warm and cold bathing in each gallery. It is observed in the report for 1842—During the past season, erysipelas with tendency to suppression and gangrene had been somewhat prevalent in this vicinity, and a few cases had occurred amongst the patients. Three or four exhibited extensive suppuration, and were quite severe; but the application of nitrate of silver arrested the progress of the inflammation. In these cases, in the incipient stage of the disease, the free use of the caustic, so as to destroy the scarf skin entirely, arrested its progress.

In my opinion, says Dr. Woodward, there should always be a responsible man in the male wards of an insane hospital, especially when the inmates are at large in the galleries or courts. Without such a precaution, there will always be danger of violence to each other, and a pro-

pensity to take off clothing and be filthy, if not in the care of a man who constantly observes their condition. The clothing of the insane should always be whole and neat—fifty out of one hundred will tear ragged clothing when not observed, while in the care of a vigilant attendant, with garments whole and tidy, not more than five in a hundred will do this. I am also of opinion, that there should be always some one in hearing in the night-time, that may be awakened by a cry of distress, and see that no one suffers out of the reach of aid. When the labour is performed by slaves, it would seem that it were necessary to have some one in constant attendance, to see that it be faithfully done, and that no abuse be inflicted on this helpless class of men: of this, however, I am an imperfect judge.

Extracts from Dr. Woodward's Report for 1841.—Have been in the hospital 2013 patients, of whom 916, or 45½ per cent, have recovered. Per cent of recoveries of recent cases is very large in the American institutions, which speaks well for the correctness of the moral and medical management. Treatment in all of them on the same principles, and appliances very nearly alike in each. Some depend upon *medicine* more than others, but when prescribed, it is nearly the same in all. All agree that depletion (general bleeding: and active cathartics) is not favourable in insanity. *Local bleeding* more favourable, may sometimes relieve distressing symptoms, abate excitement, and facilitate action of other remedies, but can rarely be relied on to cure. Where there are redness of the eyes, great headache, and much heat and throbbing of the carotid and temporal arteries, local depletion may not be amiss, while at the same time every effort should be made to promote the circulation of blood in the extremities, and quantity of blood abstracted at one time should not be very great. In some cases has seen great excitement followed by a state of apparent dementia, almost immediately on free bloodletting. *Drastic purging* often even worse than bleeding. Not so depletory, but insane peculiarly liable to dyspepsia, vomiting and diarrhoea, or costiveness; and these drastics aggravate or produce. Costiveness generally easily obviated by mild cathartics. If secretions of liver are unhealthy or deficient, or if other conditions of digestive organs requiring a change, blue pill or small doses of calomel may be indicated. These remedies often produce very favourable impressions, and prepare the system for others needed to remove insanity itself. Cathartics, then, rarely do good, but alteratives and laxatives often necessary, and in many cases cannot be dispensed with. Tincture of rhubarb and senna, with aromatics, aloetics, colocynth, and guaiacum, valuable. Often combines compound extract of colocynth with *ens venenis*, or martial flowers, in torpid states of the intestinal canal with constipation: favourite remedy here, tincture or powder of guaiacum. No remedy better in melancholy attended by dyspepsia, costiveness, and gastric distress after taking food, than aromatic tincture of guaiacum, prescribed so as to ensure a laxative effect. Invigorating, diaphoretic, and when necessary emmenagogue. May be prescribed in doses of from ʒi.—ʒiv. three or four times a day, in milk and sugar. Powder better as a simple laxative, useful in flatulency, and entirely obviating constipation. Croton oil often proves favourable to remove costiveness: in minute doses in combination with tonics, alteratives, and narcotics—counteracting the constipating effects of other remedies. Has never extensively

used *emetics*. Ipecacuanha and sulphate of zinc and copper generally preferable to antimony. Antimony in small doses, with narcotics, to determine to the surface, and obviate their constipating effects, may be prescribed for a short time in the commencement of the disease, but not subsequently, especially when tonics and generous diet become necessary. It often destroys appetite, relaxes tone of stomach and bowels, is not always safe, and generally does less good than it has credit for, yet doubts not there are cases in which it may be useful. By far the most useful remedies in active mania, after system is prepared for their use, are *narcotics*: *Sulphate of morphine* and similar preparations most extensively useful: moderate doses at first, to be changed or modified if unfavourable symptoms. When effect favourable, as in large majority of cases, it exercises a controlling influence over the symptoms, and the patient becomes more quiet, rational, and natural in every respect. These effects once gained, can be maintained in most cases till the recovery is complete. Sometimes symptoms requiring the remedy to be increased, but more generally it can be cautiously diminished, and after a time withdrawn without inconvenience. In the few cases in which necessary to administer narcotics in large doses to produce the most decided impression, tincture of opium better than the salts, but generally the salts are more safe and agreeable. In early periods of disease, when the skin is inclined to increased temperature and unnatural dryness, Dover's powder is the best form. For twelve years this remedy has been extensively used in this institution, with the most marked success. Manner in which morphine has been used in this and other hospitals in this country, continuing it till the symptoms have subsided, then omitting and seeing them return, then again and again removed by renewal of medicine, affords unequivocal evidence of its power to subdue maniacal excitements, relieve delusions, and restore brain and nervous system to a sound and healthy state. Most English writers speak of the extraordinary effects of this remedy in isolated cases, but caution against its general use. But practitioners in English institutions have learned, by experience, to rely upon it with as much confidence as those in this country have a long time done. British metropolitan commissioners state, that "Preparations of opium and other sedatives, given in repeated and sufficient doses, are thought by the best practitioners, who conduct the medical treatment in the *large asylums*, to be of great efficacy, in subduing excitement and agitation, and with the use of baths, cold applications to the head, and the use of antispasmodics and aperients, are said to promote the cure of mania in the early and acute stages." Benefit rare from single doses of opiates at night to procure sleep, unless system is kept under their influence the whole time. In the most violent forms of disease, doses should be repeated once in four or six hours. The medicine failed to gain any permanent credit while only prescribed at night for sleep. Symptoms contra-indicating these remedies—Skin hot and dry, tongue covered with a white fur, or dry, smooth, and red, bowels obstinately constipated, pupil of eye greatly contracted, and vessels of conjunctiva injected with blood; these must be changed before morphine can be used with safety or advantage. With the dry, red, smooth tongue, attending comparatively few cases, opiates generally unfavourable, but other symptoms above, can commonly be so changed in a few days, as to make them unexceptionable. Has referred previously to morphine in maniacal excitement.

In some forms of melancholy, especially where there is great mental anguish, and strong suicidal propensity, it is equally beneficial, often procuring relief in a short time, and carrying the patient along most favourably to health. In this form, rarely necessary in large doses, but whatever is prescribed should be at regular intervals, from three to six times in the twenty-four hours. *Stramonium* in some cases very favourable in its effects; in others, not only disappoints our hopes, but sometimes actually coincides with diseased impressions, and aggravates the symptoms.* Late Dr. Todd used it successfully, and his testimony is a host in favour of any medicine. With Dr. Woodward, in ordinary cases, has not proved very successful. In cases of insanity connected with epilepsy, has seen most excellent effects from it; diminishing force and frequency of symptoms in both diseases. Best form, tincture of seeds or tincture of extract. *Extract of Conium Maculatum*, either alone or in combination with mineral tonics, a valuable remedy, and useful in some forms of insanity. As a means of removing maniacal excitement, worthy of little confidence. But for some forms of melancholy, and especially chronic disease of digestive organs, with melancholy or neuralgia, it often proves useful. In cases of melancholy complicated with disease of the stomach and torpor of the liver, attended by miasiness, restlessness, watchfulness, and nervous pains, it often affords great relief, and is auxiliary in accomplishing a cure. Useful only in large doses in any case. *Minimum* 10 grains, and *Maximum* 2, 3, or 4 drachms, three daily. Rarely finds advantage from doses less than 15 or 20 grains, three or four times a day, but commonly gives from 30 to 40 grains as frequently repeated. With the carbonate, or red oxyd of iron, more frequently prescribed than in any other way, efficacy of both seeming increased. Considerable difficulty in procuring a good quality of this extract; it should be made of the expressed juice of the plant, evaporated in a sand bath. In large doses, produces temporary vertigo, and a heavy, dull pain over the eyes, and across the forehead. If this is never produced, dose is either too small, or medicine of bad quality. Use of *camphor*, now principally confined to a combination with other moderate narcotics, to remove slight irritations of the nervous system, and promote sleep. Has used it in various forms, and in large and small dose, without any favourable results. In dismenorrhœa connected with insanity, or without it, often a useful remedy, in doses of from 5 to 10 grains, and frequently relieves from extreme suffering. Tincture to head externally, generally less efficacious than cold water. *Camphor* has a limited usefulness in some cases, and probably will never be wholly discarded. *Extract of Hyoscyamus* probably more extensively used, in this country and in Europe, than any other narcotic, and until extensive introduction of morphine, at the head of the list. Useful in some cases of moderate excitement, in disturbance of the nervous system, and sleeplessness. Combined with tonics, alteratives, and other narcotics, useful to allay irritation, and produce a quiet and equable state of the system in many forms of mental disease. In high maniacal excitement, and the extreme suffering of some cases of melancholy, only an auxiliary to the more powerful and efficacious remedies before considered. Probably been overrated, but worth a trial in many forms of disease not requiring potent remedies. Hardly knows of a remedy more likely to induce sleep

* Dr. Todd's chief medicines were conium, stramonium, hyoscyamus, iron, wine, and emetina.—G.

in simple watchfulness than a combination of hyoseyamus, camphor, and lupuline, in equal proportions, 2—5 grs. of each, repeated if necessary. In combination with *nux vomica* and nitrate of silver, often proves a valuable remedy. Has used *nux vomica* in cases of melancholy, with flatulency and general relaxation of the muscular tone.

Ammonia, Ether, Lytta, Aromatics, &c.—In some low cases of melancholy, and, indeed, in some cases of high excitement, there is coldness of the surface and extremities, moist skin, a paleness or lividity of the skin, particularly of the hands and feet, a weak pulse, and other indications of a languid circulation; in such cases, diffusible stimulants are often indicated. In some cases of recent dementia, in which patient will stand like a statue, with the face fixed to the floor, moving neither hands, feet, nor head, not taking food, nor attending to the calls of nature, without being moved by another, strong stimulants, aromatics, wine, and other cordials are indicated, and often produce decidedly good effects. The warm bath, frictions, mustard foot bath, &c., are good auxiliaries in such cases. In many cases of unequal circulation of the blood, where the vessels of the brain are too excitable, and those of the extremities too torpid, lytta, in connexion with the use of stimulant baths, and the diffusible stimulants, a valuable remedy. Sometimes, even in old cases, it improves the health and gives energy to the mind. In such cases, brain itself needs stimulation, &c. For last number of years, has not often prescribed blisters, setons, and issues. In some cases they doubtless do well, especially in chronic cases from repelled eruptions, and the drying of old ulcers. In recent cases often produce too much irritation, increasing excitement. Many cases of insanity are benefited by *tonics*. In acute mania, after first excitement is over, are often indicated, and not unfrequently may be used with propriety very early in the disease. In many such cases, the great excitement exhausts the vital principle rapidly, and the patient is found enfeebled while considerable excitement exists. In such cases, quinine, bark, aromatics, and often wine, and other stimulants, are beneficial, used at the same time with narcoties. In cases of melancholy, use of tonics, in some form, more frequently indicated than in mania. In melancholy, powers of life often flag, digestive organs suffer from debility, and tonics are the principal reliance for a cure. Iron, bark, nitrate of silver, sulphate of zinc, with vegetable bitters and aromatics, are found useful in this form of insanity. Combination of tonics and narcoties often successful in melancholy. Extract of conium, with the red oxyd of iron, and some aromatics, is a useful medicine, as is also the nitrate of silver, with *nux vomica*, and extract of hyoseyamus, capsicum, &c. Quinine, bark, &c., more generally indicated in the more acute forms of disease, while iron, silver, zinc, and the vegetable bitters do better in the chronic forms. In many cases connected with chronic disease, re-establishment of health cures the insanity. Health should be as perfect as possible in all cases, but in chronic cases principal reliance for cure of mind, on restoration of good health. Many cases of chronic insanity benefited by narcoties, and some long considered hopeless, cured. Has often seen a case of chronic insanity, very uncomfortable to himself and to others, relieved by morphine, and the person made pleasant, healthful, useful, and agreeable—changing whole character while the medicine was in use, and sometimes effecting a cure. But in many instances symptoms return, to a greater or less extent, when remedy is withdrawn. Perma-

nent benefit often, in such cases, by combined influence of narcotics and tonics. Narcotics relieve irritation of system, and tonics restore the strength. In this form of disease, medical men often fail for want of perseverance with remedies, which, continued a long time, frequently effect cures, when, for a few months only, they make very little impression. *Warm and cold baths*, remedies of more general application than perhaps any others in institutions for the insane. Warm bath often useful in acute mania, when patient is continued in it for some time, and when renewed frequently on occurrence of excitement. Also beneficial in cases of melancholy and chronic insanity, in which functions of skin are performed in an unhealthy manner, or when the surface is cold and dry. In warm climates probably more beneficial than in cold, as skin is more subject to disease. Warm bath should be generally used in all institutions, with all, or nearly all patients, to promote cleanliness, and keep up a healthy condition of the surface. Cold water to head, and warm water or stimulant baths to feet, an important adjuvant in treatment. Cold to head and warmth to feet frequently gives relief where the blood inclines to circulate unequally, so that head is hot and painful, and feet and other extremities cold. Nitro-muriatic bath, mustard bath, and salt water bath, all useful. Frequent ablution with warm water, or a solution of saleratus and water, often useful, where baths are any way objectionable. Friction with a brush or coarse towel, wet or dry, has very nearly the same effect, but in a more limited degree. Castor, valerian, and asafoetida, and some other mere *nerines*, used from time immemorial in nervous diseases, has seen very little benefit from; and if they have any good effect, the same can be produced by articles less disgusting and of more certain and permanent effect. Employs in epilepsy and epileptic insanity, nitrate of silver with datura stramonium. In old and incurable cases of epilepsy combined with insanity, remedies have not only lessened the number of the paroxysms, but improved the health and diminished the insanity. Has hopes, from improvement of many under his care, that a considerable portion will remain permanently improved after a full trial of remedies, and that individuals thus affected may be restored to health and soundness of mind. Apprehends that in most institutions, and particularly in private practice, there is great want of perseverance in cases of epilepsy: in outset considered incurable, and remedies not followed by immediate improvement, are abandoned. A form of epilepsy occurring with those who have had partial palsy, and sometimes with those who have had occasional paroxysms of epilepsy, terrific in its aspect, and generally fatal, and that very suddenly. Patient has an epileptic fit, which, in 15 or 20 minutes, is succeeded by another, and these paroxysms occur at nearly the same regular intervals till death succeeds, in from 20 to 36 hours. Patient rarely, if ever, wakes to consciousness, but in intervals appears perfectly apoplectic—vessels of face tinged with blood, &c. Has seen a number of such cases die, and considered them hopeless. Has recently adopted a plan of treatment, from which has lost but one case. Instead of blisters, &c., places upon the handle of a spoon a ℥j. or 3ss. of calomel, and prying open the mouth, introduces it as far as practicable, then snapping the other end of the spoon, throws it as far as possible down the throat. If in four or six hours no effect, repeats half the quantity, and so proceeds till free catharsis. In a very large proportion of cases paroxysms have subsided on operation of medicine, and patient has returned to accustomed health in

a few days. Very good effects from this practice in some cases of apoplexy and palsy, where the bowels are constipated and powers of deglutition lost. Epileptics are often so impulsive that there is no safety in admitting them to any association with other patients.

Much visiting amongst patients from one gallery to another, and to the apartments of matron and the family. More nearly condition of insane can approximate to that of the world abroad, the better. Hospitals for their care and recovery should be as much like private apartments as possible, when not incompatible with security and protection from external influence.

6. The Boston Lunatic Hospital is intended for the reception of the pauper lunatics of the city. It has only been in operation since Dec., 1839. The male patients assist much in the out-door work of the establishment, though the first report states that they regret having so little opportunity of giving them constant and regular employment. Amongst other wants, as that of a solitary, is the want of land, there being but four acres attached, and one in cultivation. The washing and ironing of the whole family is done by the female patients, under the direction of a laundress, with the occasional aid of an attendant. Amusements consist in various games: cards, drafts, backgammon, bowling, &c., walking-parties, and the semi-monthly sewing-parties. A small library. Religious services generally in the afternoon, and on the Sabbath. Dr. John S. Butler, the former superintendent, speaks favourably of their influence. In his report for 1841, he observes—'That simply considered as remedial and disciplinary measures, he would on no condition dispense with their assistance. In 1840, restraints were wristbands, mittens, and one strong chain, which was rarely used. His treatment, moral and medical, resembled, we believe, that of Dr. Woodward. The following admirable remarks are from his pen: "There is one topic to which, however, I will call your attention, because it lies at the foundation of a successful permanent organization, and is, in my opinion, the only safe basis upon which a lunatic hospital can be organized, which is, that the superintendent should be a physician, with entire control of all departments of the institution, domestic as well as medical (of course under the direction of the Board of Trustees). The superintendent should have this control, because unity of action, arising from unity of views and sentiments, is the chief element of system. System cannot exist if the action comes from more than one source; and without system, there cannot be success. Upon him should responsibility rest, as, under any arrangement, in public estimation it will rest: he should have entire control; his spirit, his plans, his system, should pervade the institution; from him all power should proceed, that consequently, when he delegates to others the duties of the different departments, these duties will be performed in accordance with that system, however much the opinions of subordinate officers may differ from his. The more entire the control, the greater safety in delegating to others these subordinate duties; and this truth is well illustrated in the best-arranged and the best-managed hospital in this country (Worcester), where the superintendent (*nominating* the steward to the Board, and appointing all the officers), having the entire sway, derives the greatest assistance from, and reposes the utmost confidence in, his subordinate officers. They adopt his system, and carry it out. There is no clashing of conflicting opinions; there can be none where one system

pervades the whole. This principle is adopted in all the associated efforts in society, and is nowhere more essential to successful results. The guards against the possible abuse of this concentration of power in one individual, are to be found in the frequent and rigid inspection of the trustees of every department and room in the hospital, and in the free access and invited scrutiny of an intelligent community. Under such a scrutiny, erroneous practices cannot be long concealed." Dr. C. H. Stedman, the present superintendent, employs the anodyne practice of Dr. Woodward. In each ward there is an attendant, and one flying attendant, male and female, to ensure some one's being constantly with the patients. The officers and attendants are : steward, matron, housekeeper, washerwoman, cook, assistant cook, seamstress, table-girl, chambermaid. Two male assistants on general and out-door work. The inspectors, in their report dated Jan., 1843, state themselves fully satisfied as to clothing, cleanliness, discipline, &c., particularly cleanliness. The institution accommodates about 100 patients. What follows is taken from Dr. Stedman's report, dated July 1st, 1843. *Case*.—In one more than ten years, caused and continued by disorder of the function of menstruation, the regularity of which having been established, she is now restored to soundness of body and mind. Speaking of the character of the patients as being labourers for their daily bread, he observes, it is not easy to combat insanity in them with those weapons and appliances so successful with a very different class of patients in other lunatic hospitals. Regrets the want of the means of employment ; an argument unnecessary to prove the absolute necessity of occupation of some kind as a remedial means. Experience has taught the managers of hospitals the benefit of a solid and nutritious diet, particularly in the chronic forms of insanity. By a due supply of nutriment, the mental operations go on more quietly, and a degree of comfort is experienced by the incurable even, which the materia medica could never afford. The board of visitors, on this account, changed the dietary first adopted to one more nutritious. The querulousness of a former period, as to articles of food, has for the most part subsided. Patients seem more contented ; and in sickness, more stamina of constitution is found to struggle with the disease. Dietary now : for breakfast, coffee, chocolate or shells, and bread, daily. For supper, daily, tea sweetened with sugar, chocolate or shells, and bread ; cheese at supper twice a week ; gingerbread, or other plain cake, twice a week. For dinner, Sunday, cold corned beef, with potatoes ; Monday, pork and beans, rice pudding ; Tuesday, fresh fish and vegetables ; Wednesday, roast beef, mutton, lamb, or veal, and vegetables ; Thursday, beef soup, rice pudding ; Friday, salt fish, with vegetables ; Saturday, as Wednesday ; native fruits in season ; change chiefly in dinner from old dietary. Erysipelas during the year ; generally proved manageable, yielding without difficulty to a tonic treatment. General treatment, both moral and medicinal, the same as in like establishments, adapted to each particular case. Must seem obvious to all Christians, that the principles of the Gospel, and the maxims therein contained, point out the only safe mode of procedure in our intercourse with our insane brethren. Nothing will succeed in calming their turbulence, or restoring them to reason, but the most honest expression of benevolence, and the exhibition of the sincerest sympathy. No concealment, no artifice, no form of tyranny, no display of brute force : nothing, in short, will control them like the conviction—which, strange as it may appear, many of

them are capable of possessing—that, in our attempts to govern them, we are practising the precept, “Whatsoever ye would that men should do to you, do you even so to them.” Thanks the Rev. Louis Dwight for officiating as chaplain ; others for newspapers and books.

7. The Hartford Retreat, near Hartford, Connecticut, is a corporate institution. Since its commencement in 1824, it has had connected with it very able physicians—Todd, Fuller, and Brigham, successively. It has always possessed a high stand amongst asylums. The following items are taken from the 17th report :—Breakfast hour varies with the season, from half past 6 to 8, dinner at half past 12, and tea at 6. One half of the patients take their meals with the steward, matron, and assistant physician. Dr. Brigham regards this mode of eating with the officers as useful in inducing self-control, and taking away the air of confinement. Thinks good and plentiful diet essential to their comfort and cure, and therefore afforded to all in the asylum. Ride in carriages in pleasant weather. Walk out daily in companies of half a dozen or more, with an attendant, and visit the city and various institutions, or other objects of curiosity in the neighbourhood. Many labour. Cultivate between 30 and 40 acres of land. Joiner’s shop, where they make boxes or other articles. Females knit stockings and mittens, make shirts, and assist in household duties. Religious services every evening, and on Sunday ; are doubtlessly beneficial. The chaplain frequently visits, and freely converses with the patients at their apartments ; and good has resulted from this practice. Not unfrequently his timely and judicious remarks have given hope and encouragement to the melancholy and desponding, and essentially aided in the moral treatment. Exercise and labour may be included under the head of amusements. In addition, ten-pins, quoits, ball, &c., for the men. Females attend matron’s sewing-parties, play at battledore, draw and paint, play on the piano, have occasional dancing-parties, and, once a week, a reading-party in a room where are books, newspapers, periodicals, pictures, spy-glasses, &c. Enjoyment has thus been afforded to a considerable number, and to some, benefit.

In several female masturbation cases, amputation of the clitoris has been resorted to ; this has resulted in little benefit. One of the subjects subsequently fattened. No effectual preventive could be devised. Dr. John S. Butler has lately taken charge of this asylum.

8. The Bloomingdale Asylum is a corporate institution, situated a few miles from the city of New-York. It commenced operations in 1821. Originally there was a visiting or consulting physician, and a resident physician also. In 1830, the modern plan was approximated by abolishing the former office.* Dr. McDonald, Dr. Ogden, and Dr. Wm. Wilson, have been since that time, in succession, resident physicians. Baths and purges, particularly croton oil, form the principal part of Dr. Wilson’s medical practice. He gives the croton oil on sugar, modifying the dose according to the case. He usually employs baths twice a week. A common remedy with him is cold affusions to the head whilst in the general warm bath. The douche is also employed in this asylum. He is fond of mercurial purges—blue mass, gr. v—x., thrice weekly, follow-

* Dr. M. has found the strongest narcotic to be antimony combined with black drop, given every 4—6 hours.

ed by some laxative in the morning. Used formerly tartar emetic to a considerable extent, but has insensibly disused it. He resorts but little, if at all, to the anodyne practice of Dr. Woodward; nor does he make use of the combination of conium and iron. Rarely bleeds generally; sometimes cupping, especially if pains about the head. Sometimes counter-irritants of tartar emetic or squills, but not if case is very recent. Thinks blisters, &c., do harm, unless the pulse is lowered. Has used digitalis with success: the cases in which it has failed him he attributes to the badness of the specimen. Uses alteratives after a case has been, say a month or so, in the house—calomel, gr. $\frac{1}{2}$, with cicuta, gr. ij., thrice daily; he also uses the cicuta as a narcotic. Employs, as a tonic, carbonate of iron or quinine. Since writing the above, Dr. Pliny Earle has succeeded Dr. Wilson as resident physician at the Bloomingdale. Seclusion in a room, and the ordinary leathern straps for the wrists and ankles, comprise the means of restraint. The games are tennis, bagatelle, chess, drafts, dominoes, cards, and football. An elastic board, called a spring-board, having its ends laid on two benches, serves for a gentle exercise and amusement for the females. A similar purpose is attained from the "rocking boat," which has rockers and a seat at each end—one female being seated at one end, and another at the other—thus performing a sort of see-saw motion. As pets, there are dogs, a peacock, and a goat. Most of the patients take long walks with an attendant: but many, on giving a pledge of return, are permitted to go alone, and rarely violate it. Carriage and horses: carriage made rather longer than ordinary, so as to accommodate 8 persons. Have occasional balls and parties in the centre building. Music affords occupation to some. Have a library, composed of 3 or 400 volumes, mostly reviews: these are taken as they are published. Have also a reading-room, furnished with most of the daily papers and principal magazines. Those of the men disposed to work, do so in the workshop, garden, or on the farm; the most marked benefits have invariably followed this. The females are very generally engaged in needlework—make the bedding, clothing, &c. Attend religious services, and the Bible is occasionally read to them. A beautiful greenhouse is attached to the asylum.

9. The asylum on Blackwell's Island is the pauper institution of the city of New-York. It was opened in 1839, and will accommodate 400 patients. There are religious services for the patients, which are said to exert a salutary influence, and we presume that some attention is given to the other moral means employed in American asylums.

10. Perhaps of the few private asylums in the Union, the most eminent is that under the care of Drs. S. & G. H. White, at Hudson, New-York. This was opened by these gentlemen, its proprietors, in 1830. Building beautifully situated, and grounds handsomely laid out, but perhaps too limited in extent: here the inmates play at ball, quoits, &c. In doors, music, backgammon, chess, &c. Others are occupied with sewing, reading newspapers, periodicals, or books from the library. Those conducting themselves with propriety, have the privilege of the parlour. The sexes meet in this room, and at the table with the superintendent and his family. In pleasant weather they ride in a carriage. Connected with the asylum, there is a circular railroad, having a car on it, which is moved by the hand, and in which the patients ride. In the

evening, they assemble in the parlour for family worship, and this is said to be very beneficial.

Dr. Samuel White, the senior proprietor of the asylum, has given, during the present year (1844), an account of his medical practice. Copious bloodletting to be avoided, as endangering dementia. Very few cases, even in the incipient stage, admit of venesection. In such only as are plethoric, and in the vigour of life, admissible at all, and then only in a cautious degree. Pulse deceptive, for though perhaps increased impetus of blood in the carotids, yet they are compressible, and the radial artery beats feebly, showing unequal distribution rather than congestion. In such cases, with urgent symptoms, topical bloodletting by leeching, or cupping, may be safely resorted to without danger of collapse. In six hundred cases, venesection not been resorted to in more than one in a hundred, after they entered the institution, and then only moderate. Many, however, have been received after two or three copious bleedings, the results of which have proved a prostration of the vital energies, more difficult to overcome than the original disease. Puerperal insanity, which generally comes on within a week of the delivery, arises from a metastasis of morbid lacteal and lochial secretions, is attended with *rapid* pulse and great prostration of strength. Hence bleeding inadmissible. Secretions must be restored.

Active emetics seldom admissible, as determining to the brain. Where great derangement of the digestive organs, ipecac. and calomel combined, in such quantities as to produce a slight emetico-cathartic effect, may prove salutary. So also, blue mass, with one-fourth of ipecac., adds to its efficiency in restoring the functions of the liver. Drastic purges seldom advisable. Laxatives to keep up a steady action of the intestinal tube far preferable, and may be aided by injections, due exercise, and a well-regulated diet. The physician must decide on the quantity and appropriateness of the article, according to the constitution and peculiarities of the patient.

Narcotics are next in order. Opium, camphor, morphia, stramonium, conium, belladonna, and aconite most to be relied on, but require great prudence as to the time and manner of their administration. Often improved by combination with other remedies. For instance, opium, ipecac., and soap, equal parts, forms a pill much easier given than Dover's powders. Camphor mixture, with half a grain of tart. antimony, and five drops of laudanum to the ounce, given in half-ounce doses, is a powerful sedative and adjuvant in allaying nervous excitement. Morphia, with colchicum, when there is a gouty or rheumatic diathesis, endangering metastasis, is a valuable auxiliary in the treatment. Stramonium acts specifically on the sensorium, stimulating the absorbents. A saturated tincture of the seed in camphor mixture, best mode of administration. Conium best combined with the different preparations of iron. Belladonna and aconite often improved by combination. Extracts of these vegetables can only be relied on when evaporated by solar heat. Counter-irritants are valuable auxiliaries, more especially in metastasis and suppressed eruptions, and are more cheerfully submitted to when allayed with some of the vegetable narcotics endermically applied.

One of the most powerful remedial agents in equalizing circulation is the warm bath. Immersion from 20 to 30 minutes, the heat being at 96° Fahrenheit, refrigerating the head while in the bath, when the heat of the part should indicate its necessity. Warm bathing particularly bene-

ficial in melancholia. Fixed alkaline salts added to the water, useful in removing the sebaceous oil from the surface of the body. The nitro-muriatic bath valuable and effective in a congested state of the liver, and should be repeated in connexion with the usual remedies, until evidence of a healthy secretion of bile. The value of the shower bath is known to all, yet it is too indiscriminately used. Great prudence and watchfulness is necessary in its application. Should atony prevent a suitable reaction and warmth over the surface, it may do serious and lasting injury. A pitcher of cold water poured over the back of the head is often grateful as well as useful to the patient.

In the second stage of insanity, a more tonic treatment becomes necessary, and is to be regulated according to the age, constitution, and temperament. The various preparations of iron, mineral acids, quinine, and nitrate of silver, followed with a solution of iodine to prevent discoloration, with suitable moral treatment, often decides the fate of the patient.

In moral treatment, no more restraint should be used than is absolutely necessary for their own and others' safety. No other restraint for our refractory patients under sudden impulses than seclusion for the shortest possible period of time, and wristbands or muffs, to prevent their tearing their clothes, and other mischievous acts. Whenever they have been brought to the asylum in chains, I have made it a point to remove them with my own hands, as I am sure, by so doing, to gain permanently the confidence of the patients.

11. The New-York State Lunatic Asylum is at Utica. It was opened and commenced operations the 16th Jan., 1843, under the superintendence of Dr. Amariah Brigham, formerly superintendent of the Hartford Retreat. It will ultimately become, doubtless, a very extensive institution. It now (1844) accommodates 225 patients. Nov. 30th, 1843, there were 210 patients. Two brick buildings, as hospitals for the sick. Two admirable documents have already issued from this institution, since Dr. Brigham's superintendence. 1. The Annual Report, dated Jan. 18th, 1844, on cover. 2. The first number of "The American Journal of Insanity." We proceed to make extracts from these.

1. The Report.—In our opinion (Dr. Brigham's) most frequent and immediate cause of insanity, and one of the most important to guard against, is the want of sleep. We find no advice so useful to those predisposed to insanity, or to those who have recovered from an attack, as to carefully avoid everything likely to cause loss of sleep, to pass their evenings tranquilly at home, and to retire early to rest. Excitable and nervous persons should be advised not to attend meetings frequently, especially those in the evening. All agree this would not be proper for the sick, but in every neighbourhood are some nervous and easily-excited individuals, who are as liable to be injured by exciting preaching as those actually sick.

The asylum is situated a mile and a half west of Utica, on an elevated site, commanding a fine view of the city, of the Erie Canal and Railroad, and the beautiful scenery of the Mohawk Valley. Officers are—superintendent, assistant physician, steward, and matron. 41 attendants and assistants. 11 male attendants, 1 of whom drives the carriage when the patients ride out; 1, an assistant of steward, attends to various duties in the house, sees to the clothing of the patients, and assists in their care in the absence or sickness of the other attendants. 1 a watchman, 1 a

farmer and joiner. 7 female attendants ; a man and his wife to the excited females ; 2 seamstresses, who assist as attendants when required. 4 women and 2 men for the cooking ; 6 women and 1 man to the washing and ironing. At half past 4 in summer, and half past 5 in winter, watchman rings the bell, and all employed in asylum rise. Attendants open doors of patients' rooms, see that they are all well, and assist such as require it in dressing and preparing for breakfast. Also commence making the beds, cleaning the rooms, and sweeping the halls. 1 hour and a half after morning bell, breakfast ready, announced by a bell 10 minutes previously, that preparations may be duly made. After breakfast, plates and dishes washed in kitchen ; knives and forks, cups and saucers, in the dining-rooms, by attendants and some patients. Rooms then thoroughly cleaned, beds made, and everything fixed. The patients disposed to labour on the farm, in the garden, or about the halls and yards, are permitted to do so, and thus have rendered much valuable assistance : usually more volunteer than we deem prudent to thus exercise. Those who do not labour, pass their time in various ways : in reading, playing ball, nine-pins, or in walking or attending school. Soon after breakfast, the superintendent and assistant physician visit all parts of the building. Through the apartments of the women they are accompanied by the matron. The condition of each patient is ascertained, and the directions esteemed necessary for the day given to the attendants. Prescriptions then attended to, and half an hour before each meal, the attendants from each hall call at the physician's office for the medicine, which is placed in cups, each labelled with the name of the patient for whom the medicine is prescribed. Dinner ready at half past 12 : after this meal the patients again engage in labour and amusements. The women work much of the time ; they also ride, walk, play battledore, and such as choose attend school. Tea at 6. In the evening, the halls are lighted up with globe lamps suspended from the ceilings. Tables, also, are supplied with lights, at which may be seen some reading, others playing cards, checkers, and conversing ; and in the ladies' apartments, knitting, sewing, singing, and reading. During the day, the physicians, matron, and steward pass frequently through most of the halls, visiting the sick, attending to particular calls, or waiting upon visitors. At 9 o'clock patients usually retire, many of them earlier, and by half past 9 all are in bed. At 9, watchman calls for orders at the physician's office : his station is at the kitchen, from whence he can be called by a bell to any part of the building, and his duty consists principally in guarding against fire. He passes through the main building frequently during the night, looking into each hall in the wings, and visiting such patients as he is directed to visit. He also sees that the furnaces, in the winter, are properly supplied with fuel in the night ; and that the fires in the kitchen, and in the washing and ironing rooms, are in readiness. Breakfast—coffee, bread, butter, potatoes, cold or warm meat, hashed meat, mackerel, sausages, dry or buttered toast, and buckwheat cakes in the season. These varied according to season, and to afford a frequent change. Tea—tea, bread, butter, biscuit, toast, plain cake, gingerbread, crackers, cheese, apple sauce, and berries in the season. So varied as to make some change frequently. Dinner—*Sunday*. Cold meat, potatoes, pudding or rice, molasses, bread, butter, crackers, cheese, pie. *Monday*. Broiled corned beef, vegetables, rice, molasses, bread and butter. *Tuesday*. Roast meat, vegetables, pie or pudding, cheese, bread and butter. *Wednesday*. Soup,

boiled fresh meat, stew pie, beef steak, fresh fish, poultry, or other articles in the market which are not used on other days, bread and butter. *Thursday.* Same as Monday. *Friday.* Same as Tuesday. *Saturday.* Boiled salt fish, rice, molasses, or pudding, vegetables, bread and butter. The sick have a prescribed diet. Milk is abundantly prescribed to all the tables, and fruits, especially apples, are often furnished to such patients as are not likely to be injured by them. Tables prepared in 10 minutes, by attendants and a few trusty patients. Attendants eat at same table, after patients done; or, when all not needed, one or more eat with them. Think this preferable to attendants going out, as guaranteeing neatness, preventing accidents, and the suspicion of better food at other tables. Some patients of full habit, and much excited, require an unstimulating diet; but generally we consider an abundant supply of good, plain, nutritious food, the best for our patients. The officers of the house, and visitors, occasionally eat with the patients. Their tables, in the quantity and quality of the food, neat appearance, and general arrangement, will favourably compare with those of good boarding-houses. Tables furnished with knives and forks, tumblers, and handsome table crockery; no tin or wood dishes. Good order usually prevails, and it is a privilege to come to the table, which is forfeited for a time by improper conduct. Deem this very conducive to restoration; they rarely recover who rudely swallow their food in solitary cells. Many sent thus accustomed to do, who gave much trouble in educating them again, as it were; but their improvement has repaid trouble. Patients could live cheaper, but chance of restoration would be less. 70 of the men have assisted, more or less, on the farm, in the garden, in sawing wood, making roads, fences, filling up excavations, and removing much rubbish: have also picked hair for mattresses, and some have assisted in the joiner's shop.* A still larger number of the women have worked: made mattresses, comfortable, sheets, curtains, cushions, dresses, and knit many pairs of stockings and mittens. Both men and women have performed more labour than we anticipated. The benefit has been reciprocal; they have been pleased and improved by it, doing it voluntarily. Farm, 125 acres. That many of the insane are benefited by labour, especially in the open air, is unquestionable, but let it not be supposed that all are. According to our experience, labour is rarely serviceable in recent cases, and not frequently injurious, on account of the increased arterial action of the brain: for, in recent cases, labour would increase the circulation, especially with the head down, and be likely to aggravate the disorder. This is not merely an opinion unsupported by facts; I have repeatedly seen recent cases made worse by labour. The number able to labour will vary in different institutions. In some, especially the long-established, are many old and incurable cases, made much happier by daily labour. In such institutions, these may be classified and taught trades, and do much towards supporting themselves. I hope the time will speedily come when, in every State, good asylums will be provided for this class of patients, and, for all the insane. I am clearly of the opinion that with a good farm connected with such asylums, and the judicious arrangement and management of shops, one half of the incurable of our country would perform sufficient labour to support themselves, and would be happier and more

* (1845) Best means as yet to employ a large number of patients, a whittling shop—where they carve toys

healthily for the exercise; and some cases, otherwise incurable, would probably recover. Labour, especially gardening and farming, are to many of the men the best amusement. The women, also, derive pleasure in adjusting their rooms, and assisting the attendants in the varied labours of the halls and dining-rooms. At present, many of them greatly interested in preparing articles for a *Fair*, to be held on the anniversary of the opening of the asylum (Jan. 16th). Innumerable pincushions and pen-wipers already made, and frequent consultations about their best form, &c.; halls of the women look as if occupied by milliners. The prospective occasion induces many to labour, serves to beguile time, and affords amusement. Patients also derive amusement from reading and writing, and from walking and riding occasionally. There is a suitable library, and a moderate supply of newspapers. In the spacious verandahs and halls, the men play ball, roll nine-pins, and amuse themselves in various ways; the women play battledore, the graces, &c. In the evening, especially in winter, the men play whist, backgammon, and other games; and the women play on the piano, dance, sing, form tableaux, &c. Every Wednesday afternoon, the matron has a party in the hall of the convalescents, to which all the women, promising propriety of behaviour, are invited. They usually quilt, or unite in some other labour, and are furnished with cake, fruit, and other light refreshment.

Been long desirous of seeing in lunatic asylums systematic efforts to cultivate the minds of patients. For this purpose, we have established schools, two for the men and one for the women, and our highest expectations of good results have been more than realized. Among our attendants and convalescent patients, are those accustomed to teach: these take charge of the schools. They commence at 10 and 2, and continue from 1 to 2 hours. The best order prevails. The patients read in rotation, and sometimes at once, spell, recite pieces they have committed to memory, attend to arithmetic, history, and geography, assisted by maps and black boards. Many attend to writing, and some have here first learned to write. Have no more beautiful sight to present than our schoolrooms, where the patients may be seen engaged in their studies with all the sobriety and order usually seen in other schools. The school is beneficial, especially to the convalescent, and to those sinking into dementia. Those who have recovered, but remain for fear of relapse, and to test recovery, derive pleasure and profit from it. Acts revulsively on the melancholy and depressed. Those who appear to be losing their mental powers, are much benefited by this daily and regular exercise of their minds; their memories improve, and they become more active and cheerful. The want of proper mental occupation, according to our observation, is one of the most pressing wants of lunatic asylums. Notwithstanding amusements and labour, many are constantly disposed to sit still, absorbed in their own thoughts and delusions, and thus continually becoming worse. Schools, we believe, will do much towards remedying the evil to which we allude, and the expense attending them is but trifling. Chapel in fourth story of centre building, 36 by 93 feet. At first, clergymen of various denominations in Utica officiated, but afterwards engaged a regular preacher. From $\frac{1}{2}$ to $\frac{3}{4}$ of patients attend. We could not dispense with services on the Sabbath without great detriment. Day looked forward to with pleasing anticipations; women wear their bonnets. One-half of the choir, patients. Assemble Sunday evenings for practice, and they will favourably compare with the choir of most churches. Exer-

cises conducted as in most churches in this section of country, and continue about an hour. Singing, reading the Scriptures, and prayer, then singing again; after which is the sermon, and the services are closed by prayer, singing, and benediction. Nothing sectarian ever preached. The present building being only intended originally for the quiet, no strong rooms for the violent were prepared. To obviate this, some of the rooms were lined with boards, and stronger doors were made: every patient has a good-sized room, well-ventilated and warmed. Seclusion in one of these rooms, usually for a short time, forms our chief restraint. If a patient is very noisy or violent, he is told that if he cannot control himself, and behave with propriety, he must retire by himself. If, however, in a short time he thinks he can thus behave, he is again permitted to associate with others. Leather and cloth mittens, and leather muffs and wristbands, only other means of restraint. No straitjacket or restraining chair ever in the asylum, though we probably should have used the latter occasionally had we one. We believe that some restraint of this kind is far better than to permit them to exhaust and injure themselves by incessant exertions, or to have them restrained by the hands of attendants. But no restraint, except for the moment, is permitted here, unless by the express order of the officers of the house. Among the printed rules for the attendants are—"The attendant is never to apply any restraining apparatus, as mitts, muffs, &c., unless by order of a resident officer. Violent hands are never to be laid upon a patient, under any provocation. A blow is never to be returned, nor any other insult. Sufficient force, to prevent the patient's injuring himself or others, is always to be applied gently. Other means than bodily restraint, will often quiet the most violent and excited. Sometimes the warm bath long continued, has this effect, and cold applied to the head, especially showering it with cold water. Have known patients resort to this themselves, in order to calm their excited feelings. Medicines of various kinds are occasionally used to lessen excessive excitement. Sometimes laxatives have this effect, and also narcotics and opiates. We have no uniform method of treating this class of patients, but adapt our measures to the particular wants and peculiarities of each case. A few visitors occasionally useful; patients thus realize that they are not shut out, and away from the world and society. But we also know from experience, that much company is injurious. Repeatedly we have been obliged to remove patients from the halls of the quiet and convalescent, from being excited by seeing visitors. Others are often grieved and displeased when gazed at and questioned: have occasionally, therefore, refused visitors, and uniformly those who came merely to see the deranged. Some cases of sudden delirium caused and accompanied by fever; removal of such unnecessary, and often dangerous. A judicious physician would, in all cases of mental aberration, advise patients remaining at home until the nature of the disease was evident. But when sufficient time has elapsed, and the case is evidently one of insanity unaccompanied by acute disease, then no time should be lost in adopting the most approved remedial measures, among which, as has been stated, is removal from home to a place where the exciting causes of the disease are no longer operative. Most of the insane are injured by visits of their relatives and acquaintances. Their aversions, &c., are often vividly recalled by such visits, and thus they are rendered much worse, or else the most painful feelings arise when their friends leave them; they become melancholy and sleepless, and in consequence often

relapse from a state of advanced recovery. In some instances, the visits of friends are very useful, but the proper time for this kind of intercourse is soonest known to the patient's physician. In some instances, deem it useful for the patients to receive letters from home, and in such, request their being written. Ask that each male patient, when sent, should have at least two new shirts, a new and substantial coat, vest and pantaloons of strong woollen cloth, a pair of mittens or gloves, two pair of woollen stockings, a black stock or cravat, a good cap or hat, and a pair of new shoes or boots, together with a comfortable outside garment. Each woman, in addition to the same quantity of under garments, shoes and stockings, should have a flannel petticoat, two good dresses, and a cloak or other outside garment. It is very desirable to have extra better garments sent with those accustomed to them, that their self-respect may be preserved on walking, riding, or attending religious worship.

The treatment of insanity is properly divided into moral and medical. Many cases recover without any medical treatment, by seclusion and quiet, by removal from home, and from the exciting causes of the disease, by regulated diet and kind usage. Others are complicated with disease of other organs than the brain, and require medical treatment, which should, however, be varied according to the organ affected, and the nature of the disease. Some may, perhaps, require bleeding in the earliest stage of the disease, but we apprehend such instances are rather rare. Many of our patients appear to have been injured by too much bleeding and depletion before their admission. We use but few medicines for insanity uncomplicated with other diseases. Common laxatives, with a few tonics and narcotics, constitute the principal. We now rarely bleed or blister, and not frequently administer emetics or powerful cathartics. We are not, however, neglectful of any remedy proposed for the cure of the insane. Of late, no new method of treatment, unless some of the propositions of M. Leuret, in his valuable work on the moral treatment of insanity, may be so considered. He proposes to cure all cases of uncomplicated insanity, solely by moral means. He makes great use of the douche and cold affusions. He excites pain, and produces unpleasant ideas, to prevent those still more unpleasant, and thus endeavours to lead patients to seek for pleasure. We acknowledge ourselves under obligation to the distinguished physician of the Bicêtre Hospital for many valuable suggestions, though we think some of his propositions are very questionable, and liable to the same objections as punishment and undue coercion. Dr. Moreau, of Tours, in a recent work on the Treatment of Hallucinations by *Datura Stramonium*, gave us much encouragement of benefiting those of the insane affected by hallucinations of sight and hearing. But after a thorough trial in several cases, have observed no permanent or material benefit. On the farm, an orchard and a beautiful grove of fifteen acres, in which we expect to make paths and roads, thus affording the patients delightful walks and places of resort during the summer. A road through the middle of the farm, the sides of which we propose to plant with trees. By means of this, we can communicate with all parts of the farm, without patients coming in contact with strangers in the road.

2. Journal.—The *Fair* referred to before, was held in January, and the articles usual at such places were here sold, about \$200 being realized; from which an addition was made to the library, musical instruments were purchased, and a good green-house erected. The winter term of

the schools closed by an exhibition—the speaking of original pieces, recitations, music, and the performance of original plays, and other exercises, in the opinion of good judges present, not discreditable to any literary institution. Schools, we believe, will prove very useful in such establishments, not merely to divert, but to benefit the inmates. On Sunday, no unnecessary labour is performed, and no diversions allowed; the patients are dressed in their best clothing, and a large majority attend the religious services in the chapel. Several assist in singing. In the evening a singing school. Very little to add now to method of treating the insane, as pointed out in Shakspeare's writings. To produce sleep, and to quiet the mind by medical and moral treatment, to avoid all unkindness, and when patients begin to convalesce, to guard, as he directs, against everything likely to disturb their minds and to cause a relapse, now considered the best and nearly the only essential treatment. "Disappointments in life, blasted hopes, sorrow and anguish, may be the fortune of many who read these remarks. To such we would say, strive against every feeling of despair, or even of despondency; do not believe that further effort will be useless, but with renewed energy seek for employment, and ardently engage in the duties of life; and if without hope of increasing your own, labour for the good and happiness of others. For be assured, as Scott says, in describing the latter life of Minna Troil, 'Be assured that, whatever may be alleged to the contrary by the sceptic and the scorner, to each duty performed there is assigned a degree of mental peace, and high consciousness of honourable exertion, corresponding to the difficulty of the task accomplished. That rest of body which succeeds to hard and industrious toil, is not to be compared to the repose which the mind enjoys under similar circumstances.' But to be able to pursue this course, when circumstances call for it, requires preparation in early life. Youth must not be passed in idleness, nor in reading romances and revelling in imaginary scenes of future happiness. But a portion of it should be allotted to actual toil, to manual labour, whereby a healthy and vigorous physical system will be secured, which is the best safeguard against the development of that too sensitive and nervous condition which usually precedes and predisposes to mental disorder. Then, with moderate and rational notions of life and of its duties, and with a firm resolve to discharge them faithfully and timely, there will be good hope that if disappointments and misfortunes come, they will not crush the spirit, but, on the contrary, purify and strengthen it." Have seen it stated that the following prescription was of service to King George III., viz., one ounce of red bark, divided into sixteen or twenty doses, one to be taken morning, noon, and night.

Case.—*Et.* 18; good health uniformly until summer of 1842, when weak and dyspeptic; and in November a supposed paralytic attack. For this and severe pain in head, bled 7 or 8 times (probably the cause of his insanity), took cathartics, and was blistered largely. Remained dull and disinclined to exercise for five or six weeks, when he became suddenly deranged. Immediate cause, entrance of sheriff to take his property for debt. Early in March, '43, received at asylum. Appeared idiotic, timid, thought robbers were pursuing him: inoffensive and submissive, except as to shaving, saying it would take away his strength, and he could not consent to this until the war was over. On second day, Dr. B. told him in a decided manner, that the war was ended. "Is it," says he, "has General Jackson hung the rascals?" Answer, yes.

"Hurrah! that's right, I will now be shaved;" and he submitted to this at once. Warm bath, and as feeble and pale, large doses of the precipitated carbonate of iron, with extract of conium, thrice daily, and general health and appearance began to improve. Appetite became good, and slept well. During day talked and laughed with other patients, and played cards and other games. A few weeks after invited to office of superintendent, and after talking as usual, in a discontented manner, asked what town Utica was, and being told, said that he knew that he was in the lunatic asylum. From that moment restored. Carried that evening to a different story, and recollected afterwards nothing previous in derangement. Mentions a case whose health was tolerably good, though at times dyspeptic and bilious, which a few blue pills and laxatives removed. Generally considers cases of insanity that have uninterruptedly continued three, or even two years, as probably incurable, but in cases even of much longer continuance recovery takes place. So long as there is any hope, great pains should be taken to cultivate the mental powers, and to keep them active. Hence schools of service in asylums.

Case.—A Frenchman, æt. 28, single, been a farmer and teacher. Had applied himself closely to learn English. Cause, religious excitement at a protracted meeting. Deranged but a few weeks when brought to the asylum, but soon after attack, became very violent—would strike, tear clothes, break open doors, and declared he would open heaven with the key of his trunk; before admission two fits, second continuing for twelve hours; during both unconscious, but without convulsions; had slept poorly, been bled twice from the arm; taken calomel, which had salivated him, and from which he was suffering severely at entrance. Bowels costive, and had not taken food or drink for last twenty-four hours—indulging the suspicion that his food was poison, and therefore refusing it. Thus some days, refusing either food or medicine, and as his mouth was much swollen and excoriated, was thought best not to use force; tore his clothes off, and would lie for hours not noticing anything. As soon as practicable, bowels moved by mild cathartics, had a warm bath, and was put on the use of anodynes to quiet irritability and procure sleep. Liquid nourishment through stomach tube freely for some days, after which began to take food voluntarily. In two months well mentally and physically, but kept three months longer as having no friends.

Case.—Æt. 20; farmer; industrious and of good character; received a few days after attack; origin a religious one; health previously good; except much disturbed sleep and frightful dreams; professed being guided in conduct by the Spirit of God, but occasionally had short intervals of sanity. Not violent before entrance, but soon became so; pulse little increased in force and frequency; bowels costive. Cold water freely to head; calomel and rhubarb. Soon more quiet and placed amongst most quiet class of patients. Calm for ten days or a fortnight, then all former symptoms of excitement suddenly returned: carotid arteries beat strongly; head hot; noisy; slept but little; tore his clothes, &c. Local depletion by cupping back of neck; cathartic pills; warm bath with free applications of cold water to head. Soon became quiet, but face remained bloated, bowels tumid and costive; secretions of skin and kidneys much diminished, and mind drowsy and confused. Mixture of emor tartar, squills, and tartar emetic, to act on kidneys and bowels. This continued for some time with but partially satisfactory results, and followed by use of R tinct. digitalis, scillæ, each one part; vin. antim. tart., spts. nit.

dulc., each two parts. M. c 3ss thrice daily. Under these remedies, pulse became less frequent, skin and kidneys resumed their functions, and the bloating almost entirely disappeared. After this again excited, but not so much as before. Health and mind began to improve; drowsy and inactive for some time; discharged well in four months after admission. *Case*.—Æt. 38; married; a shoemaker; admitted after three weeks' derangement; supposed cause, mental excitement from attending numerous temperance and religious meetings, and attempting to lecture; though a predisposition, we presume, from intemperance; been very intemperate for many years, and though naturally very robust and athletic, became much enfeebled. About a year since, reformed and joined the total abstinence society, and since temperate, industrious, and thoughtful. On admission, looked anxious and haggard, constantly restless and disposed to be moving, fancied he had been selected by God to revolutionize the world, and that all that he does is in accordance with revelations made directly from heaven. Slept but little, and vomited occasionally. Latter symptom made us fearful of severe disease, and we thus apprised his friends. Mind seemed chiefly occupied with plans for advancing the temperance cause, anxious to lecture and constantly writing letters upon the subject. Nervy, violent, breaking and tearing everything to pieces that he could find; placed in a warm bath, where he remained half an hour, and cold water gently applied to his head at the same time. This calmed him somewhat, and was several times repeated. Vomiting increased, for which took a variety of remedies; blisters over stomach, and morphia sprinkled on the abraded surface without relief. Lost flesh and strength, but violence did not cease. Constantly repeating or hallooing at the top of his voice the Lord's Prayer, both day and night. So intent upon this, that it was difficult to engage his attention for one moment to anything else. Appetite failed notwithstanding use of bitters and tonics, lost flesh rapidly, and died 15th of May (admitted in February). High excitement until the last, and died attempting to say the Lord's Prayer, which he had repeated more than fifty thousand times with us. Perhaps originally gastritis. *Case*.—Miss —, æt. 31; naturally of an amiable and cheerful disposition, and much given to repeating humorous anecdotes, and writing disconnected letters to her friends; deranged about five months when she came to the asylum, this being the second attack. Present attack induced by ill health, from taking cold, together with religious excitement. She had also strong hereditary predisposition to insanity, her mother being insane at the time of her birth. Much disposed to engage in religious exercises by exhorting, praying, &c. At times violent, disposed to strike, if opposed, and sleeps but little. Talks much of texts of Scripture, of what such a minister had said from such a text, or what such a deacon advised Mr. or Mrs. so-and-so, of the church. Would relate long histories of petty differences of sentiment between the Baptists, Methodists, and Presbyterians. Strength much reduced by disease, and by bleeding, cathartics and antimony, before she came to the asylum, but gradually, under the use of quieting and tonic remedies, principally extract of cinchona and carbonate of iron, recovered her health and reason—became very fleshy, and returned to her friends in about one year from the time of her admission. *Case*.—Æt. 33; sanguine and nervous temperament, and has a strong hereditary predisposition to insanity, his father and one or more brothers being insane. Possessed a mind of much natural activity, with great love of distinction,

and strong hopes of obtaining it, by literary and scientific pursuits. At the age of 21, commenced a systematic course of study, which he successfully pursued for two years, gaining much credit for his acquirements, and enjoying a high standing among his associates and friends for his mental and moral worth. At this time, health became somewhat impaired by sedentary habits, and too constant application to study. Became also somewhat involved in political excitements, which, operating on a system already highly disposed, developed insanity. Course of study thus interrupted, not since resumed. Since first attack, more than ten years ago, at different periods, nearly or quite well, and able to pursue some kind of business, but relapsed again, when placed in circumstances calculated to excite his feelings. When he came to this institution, had been in a state of high excitement for a number of months; wandering from place to place, attired in gaudy military trappings, claiming to be President of the United States, and Emperor of the world. In this state of mind, capable of making speeches on various subjects, executing vocal and instrumental music with much effect. Been much deceived and flattered by those with whom he had associated as to character and standing, perhaps confirming delusions. For two months continued to believe himself emperor of the world, and to value his own person in proportion. Passed much of his time in making speeches, and acting as a general. Always good-humoured and polite, if kindly and respectfully treated; but excitable, and occasionally violent, if statements doubted, or supposed prerogatives encroached upon. Course of treatment adopted proved quite successful. Warm bathing, with a free application of cold water to the head during the bath, and repeatedly during the day, and before retiring at night. This served to equalize the temperature and action of the system, and, together with some laxative and cathartic medicines, with regular habits of living, sleeping, &c., to relieve him of the excitement of body and delusions of mind under which he had laboured. As excitement passed off, became much depressed in feelings, lost fluency and facility of musical performance. From a character possessing great hope, decision, and conscious importance, became timid, apprehensive, and gloomy, ready to do the bidding, or submit to the requirements, of all who approached him. Remained thus depressed a number of weeks, but gradually, under invigorating remedies, precip. carb. iron, with ext. conium, kind and encouraging treatment, and gentle exercise in open air, acquired strength of body and mind. Since, now eight months, has remained perfectly well, and happy in the possession of all his faculties, in their usual strength and activity. Since recovery, engaged as an attendant, and by his very great prudence, kindness, and indulgence, has proved himself highly qualified for duties. With suitable care as to occupation, quiet, and regular habits of living, every prospect of a life of usefulness, &c. *Case.*—Many years standing, an educated, amiable man; chief morbid phenomenon appeared to be a defect as to the capability of guiding corporeal movements; being agitated and showing hesitation, on merely passing, for instance, from one room into another. Treatment with some benefit, a large seton in the neck, warm bathing, opiates and tonics.

Dr. Brigham objects strongly, for various reasons, to the plan which has been proposed by some, to have cheap asylums for the *incurable alone*. 1. We cannot determine with certainty whether a case is curable or not; and having an institution for the incurable, you, as it were, take

away hope, and corresponding efforts. 2. Many incurables are monomaniacs, and you would deprive them of the society of the curable. Rich patients, too, guarantee freedom from abuses by the visits of their relatives, &c. The only hospital of the kind he ever saw—at Genoa, in Italy—was a wretched affair.

12. The Pennsylvania Hospital was founded by a number of the benevolent citizens of Philadelphia, in the year 1752. Its charter provided for the reception of the insane, and those afflicted with all other maladies *not infectious*. The building is situated between Spruce and Pine, and Eighth and Ninth streets, in Philadelphia. It is surrounded by majestic forest trees, and has ornamental, though small, lawns in the front and rear. The following is the treatment, as described by Mr. Malin, then librarian:—Its inmates have shared in the general amelioration in the treatment of this unfortunate class, during the last thirty years, throughout the civilized world: it was here always characterized by humanity, cruelty was never tolerated towards them. The attendant known to strike, or otherwise ill-treat a patient, is at once discharged. Confined situation of buildings, with common appropriation to the purpose of a general hospital, prevents an efficient system of classification and employment. Employment believed beneficial in all cases except of acute delirium; where curable conduces to it, and, where not even hoped, labour ensures sound repose, and a general tranquillity, which is rare in the unemployed. This being the belief of those administering the affairs of the institution, is acted upon as far as circumstances will permit. Greater part of females employed in knitting, sewing, spinning, and similar avocations. Found more difficult to furnish men with employment; a number, however, occupied; some in weaving tape for fringes, preparing carpet yarn, and making mattresses; and others in supplying the house with fuel, keeping in order the yards, areas, &c.; in short, every opportunity is taken to promote employment, and every disposition on the part of the patient to occupy himself innocently, is encouraged; to this end chess, drafts, and some other amusements, have been introduced, and newspapers and books are furnished to those who can enjoy them. Two musical instruments, a grand harmonicon and a piano forte; the flute also. Diet more generous than that of any similar institutions. Customary diet every day—For breakfast, bread and butter, with, occasionally, hashed meat, or fish, and potatoes. Chocolate or coffee at pleasure, both being provided. Dinner: beef, veal, mutton, or pork (usually of two kinds), boiled and roasted, with a variety of vegetables, puddings, pies, or the fruits of the season, as apples, melons, peaches, &c. &c., for dessert; bread at pleasure. Supper: bread, with butter, and tea. Milk, sugar and molasses, freely given with the articles with which commonly used in private families. Bread of fine wheaten flour. Of one hundred and twenty patients, more than 90 usually eat at table, in companies, the attendants sitting at the same tables, helping them to their food, and partaking of the same fare. Diet not portioned, each allowed to satisfy his appetite. Those not eating at table are the very dirty, the violent, and those placed by the physician upon a prescribed diet. Amongst the physicians to this institution, rank some of the first names which our country has produced. Dr. Benjamin Rush served in this capacity for nearly 30 years. They are annually elected, who serve gratuitously, and each has charge of a ward four months.

The narrow limits in which the insane were confined, in the institution of which we have just spoken, preventing proper measures, the city location, the injury which the noise of the lunatics did to those sick of other diseases, and the want of a distinct medical organization, had for a number of years, induced the board of managers to look forward to a removal of the insane patients from the old building in the city, as soon as sufficient funds could be procured for the construction and endowment of a new hospital. Accordingly, for this purpose, a magnificent structure was commenced in 1836, two miles west of Philadelphia, and was ready for the reception of patients on the 1st day of 1841; this being entitled the "Pennsylvania Hospital for the Insane," then received the lunatics at the time staying in the old building in the city. The organization of the northern asylums was adopted, and Dr. Thomas Kirkbride, a practitioner of Philadelphia, was appointed physician, with the powers of superintendent. Some ten or twelve years ago, he was resident physician for a year at the Frankford Asylum.

The land attached to the institution amounts to 111 acres, 40 of which are surrounded by a stone wall, the latter containing the pleasure-ground, a deer-park, and the garden. The wall is intended chiefly for privacy, and its situation and extent are such as to prevent any disagreeable impression of confinement upon the minds of the patients. The 170 acres outside the wall constitute the farm. The pleasure ground is beautifully undulating, interspersed with clumps and groves of fine forest trees, and from it is presented a handsome view of the surrounding country. The groves are fitted up with seats, and are the favourite resort of the patients during the warm weather. Immediately in front of the hospital is a lawn, on which there is a circular railway, 406 feet in circumference, with a car capable of containing two persons, and driven round with great rapidity by a crank and pulleys. The exercise and amusement thus combined, much enjoyed by the patients who could not easily be engaged in any employment. The doors of the strongest rooms are lined with iron. The upper and lower sashes of the windows balance each other, and are made of iron, so that there is no external grating. The rooms have generally a table, sometimes a chair, a bed, bedstead, and a strip of carpeting: many of them a wash-stand. Dr. Kirkbride says that most of the men like the splashing of the common room, but that the females prefer washing in their chambers. Some of the bedsteads are of wood, and some of iron; the latter prevent vermin. In the doors are small valves to watch violent patients, and for the watchman to look through at night. The doors are numbered, as giving the superintendent less trouble than otherwise in directing the room in which a patient shall be placed. There are not only passages for the patients to stay in during the day, as at Worcester, but also day-rooms appropriated to the purpose; and both halls and day-rooms are magnificently large and airy. They take their meals in the basement story, and Dr. Kirkbride considers the slight *change* made in going thither from their several wards, as beneficial. All the attendants reside in the particular wards to which they have to attend. When the number of patients was 64, of each sex there were 5-6 classes of each; every class having two attendants. Dr. K. does not suppose one sufficient, to preserve the rule of having one sane person at all times with the insane. Whatever be the character of the hospital, the rule which requires one attendant always to be in the presence of the patients in every ward, and responsible for the safety and good order of those in

it, I consider, says he, indispensable in every well-conducted institution for the insane. It will almost every day prevent painful accidents, or scenes of excitement, and where there is a suicidal disposition, there is no security without it. With respect to classification, he thinks that classes should be arranged only by the indications presenting themselves to the superintendent, by no means making the division depend upon the precise character of the disease. The convalescent and the quiet are here in the same division. In the attendants, insists on a mild and conciliatory manner under all circumstances, and never tolerates any violence. Dr. Kirkbride observes further as to these: simply to perform special duties is not all required; wish to see an active interest in the patients: a desire to add to their comfort and advance their cure; constant efforts to interest or amuse them, and a watchful care over their conduct and conversation. Two recovered patients have been performing faithfully and satisfactorily the duties of attendants.

First on the list of employments and amusements stands out-door labour, on account of its importance in many of the curable cases, and its value in even those that are the most chronic and incurable. It is one of the means of treatment for which ample provision should be made in every well-conducted institution; and the importance of the farm cannot be properly estimated, but by calculating the value of one of the best means for the restoration of the insane. There can be no question about the immense advantage which is derived from labour, by both the curable and the incurable insane. A farm should be connected with every insane hospital, as a part of the treatment, adding, as it is sure to do, immensely to the comfort of the patients, and promoting their restoration. When the patients received are of a class accustomed to labour, it is indispensable. Although many of our patients, previous to admission, were unaccustomed to labour, still a considerable number of the males have assisted in most of the operations connected with hay-making, and securing the harvest; been engaged, also, in husking corn, and gathering the fall crops: have assisted in putting the grounds in order, and during nearly the whole summer a company of from five to seven men have been daily employed in the large vegetable garden within the enclosure. The free and systematic exercise of the muscles of the body in the open air, is unquestionably one of the most powerful means of overcoming that nervous irritability which we constantly observe among our patients—of breaking up a train of morbid thoughts, or preventing the indulgence of vicious habits. We carry out these aims to as full an extent as our means will permit, by encouraging moderate but regular labour on the farm, in the garden, or on some of the improvements of the grounds, in the workshop, or by some other method. [1843.] Since last report, regular gardener has had scarcely any assistance, but patients and the attendant working with them. Walking in the fields and observing the habits of the domestic animals and the farming operations, in itself valuable. Gives two cases cured, after a failure in other means, by mechanical employment, under peculiarly discouraging circumstances. The workshop is a valuable acquisition to means of employment. The lower story is for carpenter's work, turning, basket-making, &c. In the upper room the men pick hair for mattresses, which are afterwards made up by the females. Many cases, generally among the convalescent, have been employed in this building, and it has rarely failed to contribute to the rapidity and certainty of their cure. *Case.*—Aet. 23; became insane early in

1841; apparently recovered; removed home prematurely by his friends, six months after admission; in two months again insane, and returned; treatment now had little effect, except in subduing the violence of his excitement. Mind at last settled down, as if into a hopeless dementia. About 18 months after commencement of disease, persuaded to go occasionally to the garden, where, with some trouble, was induced to assist, but with little efficiency. Went afterwards regularly to the fields, and often worked zealously for short periods. In about three months, having considerable mechanical skill, was put in the workshop as an assistant to the carpenter. At this time, mind in such a confused state that no little perseverance and care were necessary to keep him properly and safely employed. Gradually became interested in his work, less erratic in his movements, more coherent in his conversation, and in about six months after entering the shop, and more than two years after the commencement of the attack, appeared perfectly restored. Remained four months longer, without the slightest tendency to a relapse. *Case.*—This exemplifies very strikingly the benefit that sometimes results from placing mechanical instruments even in the hands of those with whom there might be a danger of their being used improperly. There are certainly constant risks to those about the insane, but these are really less where many privileges are enjoyed, and little restraint used, than from an opposite procedure; and with proper vigilance and circumspection accidents, fortunately, are of but rare occurrence. Patient advanced in life, been extensively engaged in business, a man of considerable physical power, and extraordinary activity and ingenuity. On admission, insane more than a year, and considered peculiarly dangerous, labouring often under high excitement. No patient ever required more constant watching, and, in spite of all precautions, he rarely failed to conceal articles, in fabricating which into dangerous weapons, he spent a large portion of every night. He also, from materials picked up in his walks, and concealed about his person, was forming, in addition to his weapons, rough instruments of a different kind, with which he repaired all the old shoes that he could find about the premises, or in any other way get into his possession. He was always so much more calm when thus employed, that, after pledging himself never to misuse them, or allow others to do so, a full set of shoemaker's tools, knives, hammers, &c., were placed in his room. Delighted with this, and appreciated fully the implied confidence; commenced work with renewed vigour, frequently had two or three patients under his care, but never allowed any impropriety; and never, in a single instance, gave cause for regretting the course pursued. From this time, mind steadily improved; and when evidently approaching a state of health, he had an attack of illness, being confined to his bed for some weeks, during which period his mind was found to be entirely restored; nearly three years had elapsed since he became insane. Remained several weeks afterwards, but now at home, and a comfort to his family, for more than a year. These cases teach to the friends of patients, and those having their treatment, perseverance, even under circumstances of the most discouraging character. Several of the patients, male and female, assist in keeping the house in order, preparing food for cooking, and arranging the dining-rooms; others take charge of particular departments; one attends the furnaces at the wash-house, another superintends all the mangling in the ironing-room; one, who in the afternoon devotes himself to the classics, spends a part of each morning in cleaning the

area around the whole building. One, while convalescing, arranged the library. The female patients employ themselves, when in-doors, in a variety of fancy work, in sewing, knitting, making or arranging clothes, reading, games, &c.

Much more labour has been done this year (1842) than previously, and in no instance has any unpleasant result occurred with any of those in whose hands all the necessary tools and implements were placed without hesitation. Our great object has been to induce our patients to *labour*; for the kind of work, we have cared but little, and whatever object appeared most likely to excite a new train of thought, has received our approbation. To many patients it is of the highest importance, that for days or weeks they should be kept as constantly engaged or in motion as their strength will permit, with as few unoccupied moments as possible for the indulgence of morbid thoughts. One attendant is thus often required for a single patient for some time; but to this course a prompt recovery is often to be attributed. Next in importance to labour, and available for a much larger number of those who enter this institution, is regular daily exercise, by long walks in the country; always, if possible, for some definite object, as a view of fine scenery, &c. And, in fine weather, a large proportion of the patients do this, either singly or in companies, commonly within, but frequently outside of the enclosure. Some have permission at all times to walk wheresoever their pleasure leads them, whilst others are always accompanied by an attendant, and the latter is generally the case with a walking party. I do not recollect, says Dr. K., except perhaps in one or two cases, the slightest violation of the confidence implied by these indulgences. There are some patients whose promises are as good as any guard that can be placed about them, and the violation of pledges is much more rare than might be expected. Two attendants are never to take more than *ten* patients to walk at one time, except specially so directed, and if any are allowed to go who are active and likely to escape, the number must be much smaller, so that one attendant may direct his attention particularly to the suspicious subjects. The good effected from these excursions is, in some cases, incalculable. They visit the different points of interest near, and in Philadelphia, the Mint, the Girard Bank, the Navy Yard, &c., and take occasional excursions on rail-roads or steamboats to neighbouring towns; nearly every patient partakes of these advantages, and many of the chronic and incurable spend almost all their days in the open air. They take active exercise at all seasons, unless the weather is particularly unfavourable, and there are none but have been benefitted by such a course. Other out-door engagements are the ten-pin alley, the circular rail-road, and a carriage and horses. Within doors, a library of 700 volumes, newspapers and periodicals. During several months of 1843, a paper issued in beautiful manuscript once a week; originating with and conducted by the patients; three copies only, editorial duties being to transcribe these. The labour thus required, useful to more than one patient: leading articles would compare favourably with much of the periodical literature of the day; ceased from recovery of editors. Two pianos, a grand harmonicon, and other musical instruments; chess, bagatelle, backgammon, and a great variety of games. In the halls are geraniums and other exotics, and canary and other birds in cages. Writing, drawing, painting, the study of the mathematics, and other branches of learning. Several gentlemen have been usefully engaged

in imparting instruction to others in the same ward, and two have been improved by giving regular lessons, for a short time, in one of the modern languages. Several patients have been thus benefitted by associating with others in the hospital; and in a few instances have seen striking good effected by asking one patient to take special care of another. Two or three during the year (1842) have had a considerable share in restoring more than one patient, and while benefiting others, their own delusions vanished. Of the importance and advantage of the insane paying a proper regard to religious observances, under judicious regulations, seems that there can be but one affirmative opinion. The officers endeavour never to let a favourable opportunity to direct *mental* treatment pass unimproved. The matron has had frequent parties for various useful purposes, followed by music and some simple entertainment. During the year 1843, many parties and excellent musical entertainments. No favourable opportunity is neglected for personal intercourse with the patients, and for free and friendly conversation on any subject in which they are interested; not excepting, in many instances, their own cases and their own peculiarities, or those of their neighbours. Of course discrimination is necessary; but many by a free and candid view of their disease, are taught to look upon it as upon many other afflictions to which all are liable, and not as hopeless, nor so terrible that all allusion to it must be avoided. Friends are never to deceive a patient as to whither they are conducting him; and before entering the wards, a friend is required to state to him truly where he is, for what purpose, &c. When admitted, he is introduced to the officers, and to those who are to be his fellow-patients and attendants; or if doubt exists as to the precise character of the case, he is placed temporarily under the special care of an intelligent assistant, until we are satisfied to what division he most appropriately belongs, and the kind of treatment most proper to be pursued. No hospital can ever be without restraint—the very character of the building, the laws for its government, and the supervision and discipline that is required, impose a wholesome restraint on all who enter its walls. *Seclusion* to guarded chambers for a limited period, is of vast importance in the treatment, but the superior officer must have its management. Until experienced, attendants are apt to suggest its employment improperly—upon every occasion, indeed, when difficulty or danger is apprehended, instead of showing their own tact, by a resort to other expedients of control. Been truly said, that “any contrivance which diminishes the necessity for vigilance, must prove hurtful to the discipline of a hospital;” and this a strong argument against the ingenious contrivances of this kind. Patients steadily confined to their rooms, are generally more addicted to the destruction of clothing and furniture; to filthy habits, and offer greater violence to those about them, than when they have more freedom in their movements. It is to this too long continued seclusion and restraint, that we are probably to attribute the large number of chronic patients met with, totally careless of their persons, and with habits the most disgusting. And it may be assumed, as the result of experience, that a diminution of restraint, with proper attendance, promotes cleanly habits, and lessens noise, breakage, and tearing. We allow restraint to be applied only by order of one of the physicians—and even the seclusion of a patient is to be promptly reported. A rule that when patients wet their clothes, they are to be changed as often as may be necessary to keep them dry and comfortable, if every hour.

Had I felt anxious, says Dr. K., to make such a declaration, it would have been in my power to have stated, that during the past year no restraining apparatus of any kind had been upon the person of a single patient of this hospital; but believing its occasional employment confers a favour on the patient, with proper indications been always employed. Under some circumstances, mild restraints less annoying, and effect an object with less irritation and more certainty than the constant presence of even the best instructed attendants. Constant attention, night and day, has nearly cured some of bad habits (from long confinement), which had been of so long continuance as almost to preclude the hope of amendment. We have found, upon releasing patients whose hands had been in muffs for months or years, that they became less careless of their persons, improved in their general behaviour, and became more cleanly in their habits. Our invariable rule is to remove all restraint from the person of every patient upon his entering the hospital, and it is with extreme reluctance that it is ever reapplied. Been used during 1842, when the disposition to injure themselves or others was particularly striking, or to prevent the indulgence of vicious habits; also some occasional impediments to the action of the arms during the action of a blister. Restraint of some kind is one of the means for treating insanity, which, to a greater or less extent, will always be required. Though quite possible with good attendants to dispense with all apparatus, yet the milder means may be a comfort to the patient under certain circumstances, and are much less annoying than constant struggles with, or even the presence of the best instructed and most humane attendant. Only means Dr. K. employs.—1. An apparatus which effectually retains a patient on his bed, while admitting of considerable motion. This is admirably adapted for certain forms of disease, where, with much prostration, there is a state of mind that would induce the individual to remain standing till completely exhausted: also valuable in cases of insanity complicated with surgical diseases of the extremities, where rest and position are the prominent indications. Used for these purposes alone during 1843. 2. Leather mittens or wristbands. These may be required where there is a constant disposition to extreme violence towards others, or for self-injury. 3. A strong cloth jacket with continuous sleeves, in cases where certain bad habits are not easily controlled in any other way. None of these used without the physician's direction. Does not approve of a variety of apparatus: first, on account of their appearance to patients; and second, the dependence on them which attendants will be apt to have. A female now (1843) in the house, of great strength, whose violence has been a source of trouble in the ward, has been repeatedly induced by a child, not yet seven years old, to retire, to undress, and to take her medicine, when no persuasion of the attendants could avail, and where even force could not have effected the object without difficulty. For those whose propensity to destroy clothing has been of the most obstinate kind, has found a dress of materials so strong that it could not be torn, and so firmly secured to the person that it could never be thrown off, an excellent contrivance, as well as for some other purposes, as it interferes in no way with the movements of the patients. In nearly all cases patients have a full and nutritious, but plain diet; they go to the dining rooms, where the tables are supplied with meats, and a great variety of vegetables, of which they are allowed to partake till satisfied. Only exceptions to this rule are those (few in number) whose

diseases require a regulated diet, and those who from any cause cannot be induced to take exercise. Physical derangement is generally found to exist, and a varied *medical* treatment is required for its removal. There is no specific, and each case requires its peculiarities to be studied with as much care, and its remedies directed with as much precision, as any other species of illness. Alteratives, anodynes, baths, counter-irritants, the various forms of topical depletion, with other means strictly medical, may all be occasionally required. General depletion, too, may be necessary in the commencement of a case—but it has generally been amply employed before the patient reaches a hospital, and is rarely indicated afterwards. A course of treatment proper for inflammation of the brain, if long persisted in, can hardly fail to produce serious and often irreparable mischief. There are baths in each department. The douche is employed in the shower bath box, or external and separate. In giving a medicinal course for insanity in which a bath forms a part, in general this is then taken twice weekly. Dr. K. scarcely ever shaves the head, as the disadvantages in appearance counterbalance the physical advantages. In order to render a room dark, for an excited patient, window shutters outside are so constructed as to lock. In some of the rooms also, of high pitch, there is merely a small window, high up, out of the patient's reach entirely. If no associated disease, rarely uses medical treatment with hope after the third year. In the debility of old cases, he employs a combination of cinchona and iron. Entire exemption last fall (of 1842), when autumnal fevers were particularly prevalent; disposed to attribute to the avoidance of the night air, and to starting a few of the warm air furnaces very early in the fall, and continuing them, particularly when any unpleasant dampness or chilliness was observed. By keeping open the windows of the parlours and halls, the heat, if more than agreeable, was easily dissipated. Is satisfied that much benefit would result from such a course, in most country locations, particularly when there is a tendency to intermittent and other fevers. This institution will accommodate nearly 200 patients, mostly of the richer classes; there being, however, some patients on charity. Association of insane persons in a hospital occasionally objected to. The perfection of treating the disease would undoubtedly be, to surround each patient with a sufficient number of intelligent and well-educated sane persons, familiar with the whole subject. This, of course, totally impracticable; and, after careful observation on this point, does not recollect ever having seen a patient, where there was proper classification, materially injured by coming in contact with the other insane. In many cases the effect negative, and sometimes disagreeable to a patient, without being at all injurious. With the mass of patients, been advantageous; in a few, strikingly so.

13. The Frankford Asylum (called in the reports "The Asylum for the relief of persons deprived of the use of their reason,") is situated near the village of Frankford, six miles north of Philadelphia. It was opened in May, 1817, and for many years was restricted to the members of the Society of Friends, by which sect it was founded. Its patients are chiefly from the richer classes, paying their board. About 65 patients can be accommodated. The chief officers are a resident physician, an attending physician, who visits the asylum twice a week, a superintendent, who is not a physician, and a matron. What follows, as to this institution, is chiefly taken from its successive reports.

1819.—A full conviction of the propriety of mild but regular treatment, of attention to the dispositions and wants of the patients, of providing suitable employments and recreations, and, above all, of cherishing every ray of returning reason, and of treating them as men and brethren, have been the settled principles of action in this asylum. Efforts have been constantly made to render their situation agreeable and comfortable, as a part of the plan of treatment. Most of them eat their meals with the superintendent and his family. They are frequently taken out to ride. Such as are judged likely to be benefited, attend our religious meetings. Much attention has been given to devise means for occupying their time according to their several capacities, and some suitable employments and recreations have been introduced. 1826.—Small doors are fixed in the panels of every door, for conveying food, &c., to violent patients, and for frequently examining their situation, without the trouble and disturbance of entering their chambers. Lower sashes of windows of iron, and fixed; upper also, but without glass; an upper one of wood outside, which is glazed, and hung so as to be raised or lowered at pleasure; the air of confinement is thus taken away. The stoves in the day-rooms are guarded with preventives, rendering it impossible for the patients to have access to the fire. The superintendent inspects the building, after the rest of the family have retired, to see that all is safe. A part of the building warmed by heated air. Airing-grounds, five-ninth of an acre, surrounded by a board fence ten feet high. Other boards are placed at the top of the fence, apparently forming a part of it; but, in fact, merely connected by hinges. If a patient attempts to climb the wall, he seizes one of these planks at the top, it turns inwards by hinges, precipitates him in the yard, and at the same time rings a bell connected by a wire with each plank. A serpentine walk through the woods, and a pleasure-house on a rock. Although the use of medicines allowed, in almost every case, to be indispensable, less weight here attached to them than to moral treatment. The most soothing and gentle treatment to all cases; thus confidence and control obtained, and investigation points out the proper course of treatment. A number are cured, and the condition of all ameliorated. Classification an important point of moral treatment. Two classes; one of the harmless, quiet, and convalescent; and the other, the violent, the noisy, and the incurable; in the upper and lower stories, for the want of lodges, which it is thought are needed. When a patient is incessantly vociferous, he is removed to an apartment in the fourth story of the centre building, where his cries are less distinctly heard. Those who can be entrusted with the management of their own appetite, being two thirds, assemble at meal times in the refectory, and eat together. Then only the male and female patients meet, and are seated on different sides of the table. Their food that of the middle class of society, and of respectable boarding houses. The superintendent and his family, and, during a part of the year, the managers who weekly inspect the institution, eat at the same table; no distinct table for any part of the family, which is thought to exert a beneficial influence. Coercion forms a material part of the moral treatment. Some patients perfectly unmanageable without bodily restraint; and the most material point is to discover the different means of coercion which different patients require. As the most tender method generally produces the best effect, the mildest possible means are adopted; all experience having shown the greater efficacy of mildness. Hence, no stripes and

blows, no resentment, no return of injury : a keeper striking a patient would be instantly dismissed. Confinement in a solitary chamber found, in most instances, an effectual restraint. In certain violent cases, however, more powerful means necessary. The patient is then secluded in a gloomy, rather than a dark room ; and when the extremity of coercion is found absolutely necessary, which seldom occurs, he is confined in a strait waistcoat, and in a recumbent posture, by broad leathern belts crossing his breast and legs, with straps affixed, which encircle his wrists and ankles. Gentle manners, kindness, and the greatest mildness, the ground-work of the system, by which the feelings of the patient are generally controlled and interested. Kind, but firm, authority, used to keep others in subjection. Derision and deception, as extremely hurtful, are never employed. Been found that the less notice taken of the fancies of the patient, the less disposed are they to occupy him. Nothing can more strongly establish the usefulness of occupation than the fact, that in those asylums for the insane, where labour makes a part of the regimen, a greater number of patients recover. Much attention to devise means for employment of their time, according to their several capacities. Whole business of the farm—under the regulation, and with the aid of the farmer—performed by such patients as, from habit and health, are equal to the task. Gardener derives his sole aid in digging, planting, weeding, wheeling, and watering, from them. All the wood consumed, sawed, split, wheeled, and piled by the patients. All the water used, thrown into the reservoir by their labour at the forcing pump. Tools provided in the workshop for those who can be entrusted with them. Walks, grass-plots, and grounds immediately around the house, kept in order by them. Females more steadily employed than males, but with less bodily exercise, because not impeded in winter. Greater number engaged regularly in washing, ironing, house-work, chamber-work, kitchen-work, needle-work, knitting, spinning, &c. The important results from this system of occupation daily apparent. Recreation, as well as occupation, and various means to withdraw their minds from injurious and melancholy musings ; among these, long walks around the grounds, riding through the country, reading, writing, &c. One-fourth, during the day, under no personal restraint, and have full liberty to employ and amuse themselves within the precincts of the farm ; some of these associate altogether with the superintendent's family. Others daily invited into the parlour or office, where they enter into conversation, or peruse the newspapers. Many attend Friends' meeting at Frankford, twice in each week. The superintendent and matron never sit at table without being surrounded by lunatics ; one or more are constantly in the family parlour ; not an hour in the day are they separated from some among them ; and, in return, the patients almost uniformly behave with propriety. On every Sabbath evening, they are all, both male and female, with the exception of one or two permanently secluded, collected together in their respective day-rooms, where a portion of Scripture is read to them : silence and quiet then astonishing.

1829.—Lodges were erected.

1838.—A "Restorative Society" amongst the patients, for the purpose of diversifying and increasing their amusements and employments. Elect their own officers, principally amongst themselves. This has augmented and varied their occupations, as well as given them habits of industry. It was supposed that, from this system, the industrious might

stimulate the indolent, the grave check the boisterous, &c. During the summer months, they generally spend from four to six hours daily at work in the garden, or on the farm, doing so willingly and cheerfully. And we endeavour to extend this exercise in the open air, as promoting their speedy cure, by setting apart those hours not devoted to manual labour for fishing, promenading, throwing the quoits, playing ball, flying the kite, &c. Carriage driving, and riding on the circular railroad, continue to be a source of recreation and healthful exercise. This railroad is on the lawn fronting the house, about 450 feet in circumference, with a pleasure car for two, moved by the hand. On the fifth evening of every week, they have either a lecture or a debate: this found to dispel the hallucinations of some, arouse the slumbering energies of others; and, under their influence have seen the most deeply depressed person forget for an hour his anguish, and enter earnestly in the debate. The females have been more regularly engaged in sewing, knitting, quilting, embroidering, fancy work, and domestic employment.

Dr. Evans, in an account of the asylum about this time, makes some remarks which I go on to give. Flower and vegetable garden occupy about two acres. In the garden, 100 yards from the main building, is an ornamental house, surrounded by a piazza, fitted up as a library and reading-room, and containing numerous specimens of natural history, maps, drawings, &c., affording a most agreeable resort for such patients as may be considered by the physicians well enough to enjoy it. Connected with the buildings is a farm of 61 acres, the greater part under cultivation, and which, by giving the patients an opportunity for various agreeable and active out-door employments, affords the most powerful means for their restoration to health and reason. Woodlands cover 18 acres; near their entrance is a park containing some fine deer. Where the stream rises, from which water is obtained for the institution, is erected a stone house, the lower story containing a forcing pump, which can be worked by four patients, and the upper is a workshop, with a turning lathe, tools, &c.; here employment for many. Experience has proved that the comfort and cure of the insane are materially affected by the construction of the building in which they are placed. All with practical knowledge agree, that that plan will prove best which, with equal conveniences, combines the most means for introducing well-adapted employment and exercise, with the best arrangement for an extensive classification, which can be kept permanently distinct. The employment of moral means is either absolutely precluded, or rendered nugatory, when the patient, upon the first dawn of reason, is surrounded by maniacal and idiotic patients. In the house are games of different kinds, &c. The library is furnished with books, periodicals, drawings, &c. Where necessary, mild and gentle, yet firm, restraint, is imposed. The diet varies according to the prescription of the physician; but in general, it is plain and nutritious—fresh meat, and a variety of vegetables being served up every day. Tea, coffee, and milk, are abundantly supplied.

1841.—From the report and other sources. In the moral treatment endeavour, as far as possible, to restore the patients to regular and suitable habits of domestic life; in this, as in other respects, treating them as rational beings. Hence in all cases, when proper, take their meals at tables provided with knives and forks, and other customary furniture. A number of the women pass the forenoon, and a number of the men the afternoon, of each day, at the library. Lectures on natural philosophy

and chemistry are delivered weekly, during the winter, by the resident physician. One of the men who, when alone, is almost constantly talking upon the subject of his delusions, has sat through the lectures, not only perfectly silent, but with a devoted attention which could only be awakened by a comprehension of the subjects presented to his mind. In a large proportion of the insane, the mind can still appreciate the truths of science. The number of patients who have attended the lectures, is an evidence of this fact. A principal enjoyment of one of the other patients, consists in solving the problems in the higher departments of mathematics; and another has made himself, during the past summer, very thoroughly acquainted with botany. From this entertainment, the exercise in rambling for flowers, and medical agents, he was restored. One patient (1844) little relieved under treatment for several months, was restored in a comparatively short time, whilst actively collecting and preserving specimens of natural history. Previous experience in this asylum, as well as in various other institutions of the kind, has so fully attested to the advantage of manual labour in the cure of mental disorders, that its utility can no longer be questioned. Mr. Redmond, the superintendent, observes, that knowing the salutary effects of labour, all possible means are used to provide it; and so important is it considered, that two men are employed, whose business it is to engage the male patients in out-door work. A person who understands it is employed in winter to instruct them in basket-making: this is of no pecuniary benefit. Several patients, with a few of the attendants, are employed from one to two hours a day, six days in the week, in pumping water. In the carpenter's shop, besides a variety of small jobs, one hundred boxes have been manufactured. In the early part of the winter, knitting was introduced more extensively than at any former time; this is particularly adapted to the incurable. One of this class, who has been for years in the asylum, has never since her admission applied herself to manual occupation of any description, until within a few days. About a week since, consented to knit, and materials were furnished, and she immediately commenced doing so. The females amuse themselves in-doors with battledore, the graces, &c. The men with playing ball, checkers, quoits, &c. Tea-parties are given occasionally. Adjoining the deer-park there is a pretty grove, in which there are goats. We should in each case give a close and careful examination, in order to discriminate the proximate cause, or primary disease, from which the insanity has originated: and, in the treatment, we must suit our plan to the precise symptoms. The same course will not answer in all instances. Employment, exercise, and amusement, though of the utmost value when properly administered and regulated, are neither individually nor conjoined, specifics which may be administered with the certainty of beneficial results. Before placing a patient in an institution, his friends should state to him the precise nature of what they are about to do.

1843.—In carrying out the moral treatment, we design to maintain a course of conduct and manners uniformly kind and candid; which, while firm and decided, admits of no severity, and practises no deception. System of moral treatment still keeps in requisition the various sources of employment and amusement connected with the farm, the garden, the park, the carpenter's and basket-maker's shops, and the library.

Dr. Charles Evans has been for some years attending physician of the institution, and Dr. Joshua H. Worthington took charge as resident phy-

sician in 1842. The former gentleman is a practitioner in Philadelphia. Dr. Worthington is a native of Maryland, and graduated in the Jefferson College, in 1838. Superintendents—Philip Garret and Susan Barton. The watchman, on going round at night, marks on a slate, at the different hours, whether a patient under treatment is asleep or not, opening the small door in the large. The patients do not play cards. They retire at 8 o'clock. The rooms of the patients are furnished with a wooden bedstead, a wash-stand and basin, a carpet in the middle of the room, a chair, and a table. The rooms for dirty patients are painted yellow, to prevent absorption. The restraints are, we believe, wristbands, mittens, muffs, and the composing chair: from the last, Dr. Worthington says he derives much benefit, obtaining tranquillity when all other things have failed. A particular chair is also employed in cupping the patients. They employ the douche, as a curative measure, two or three times a day. Baths, forming a part of a course of treatment, are used once or twice weekly. The medical treatment is pretty much that which I have given of Dr. Earle whom Dr. Worthington succeeded as resident physician. General bleeding and cupping have a place here; but morphia appears to be the most common remedial means. Amongst the books in the library are—"History of Vermont," "Mrs. Sherwood's Works," "American Encyclopedia," "Friend's Magazine." It contains (1844) 500 volumes, principally of history, biography, and travels.

14. The Maryland Insane Hospital dates its origin as far back as the end of the last century: it was, however, a general hospital, connected with individuals or the city of Baltimore, until the year 1839, when it became a State institution, exclusively for lunatics. It was, however, taken charge of by the Board of Visitors appointed by the State, as early as 1834. For some years previous, circumstances had caused the number of lunatics to far exceed that of any other class of cases, almost depriving it of its general character. This asylum is situated on an eminence, two miles eastwardly from the city of Baltimore, but within its limits. It has ten acres of land attached to it, and will accommodate 150 patients. Dr Stokes was the first resident physician under the new system. Dr. William Fisher is the present physician; he also performs the duties of a steward, there being no such officer here. Dr. R. S. Stewart, the president of the Board of Trustees, is the consulting physician, and attends, we believe, to a portion of the fiscal affairs. He visits the institution occasionally. The Rev. J. M. McJilton, an Episcopal clergyman in the city of Baltimore, officiates on the Sabbath as chaplain, and the Episcopal service is employed. This form is found to answer very well; indeed, Dr. Fisher thinks it better, perhaps, than any other. A room in the second story serves as a chapel, being furnished with a neat pulpit and benches. Great benefit is derived from these observances. One-half of the patients attend. Dr. Fisher observes (1843)—We are more and more convinced of the importance of religious services, both with regard to their moral and curative results. Mr. McJilton preaches in the forenoon. Sometimes, ministers of other sects in the afternoon. Mr. McJilton observes, that though doubtful at first, that he is now positively certain that the judicious administration of moral and religious counsel can hardly be dispensed with in the successful treatment of lunatics. Patients not always in a paroxysm of excitement, and during the intervals, many hours of calmness, when spiritual instruction can be appreciated; and, when properly applied, may produce the happiest

results. The responsive form of the Episcopalian church appears particularly suitable, as patients enjoy taking part in the responses: this and the singing soothe and tranquillize, and render many competent for social intercourse, not otherwise fit. Has attended at the bedside of the sick, and his spiritual ministrations have been received with the same solemn purpose of improvement as elsewhere. During the last hours of life, it frequently happens that a patient is favoured with a season of clear mental action, when spiritual advice is important, and may result in a peaceful and triumphant departure: here has administered the communion, with a profession of comfort and resignation on the part of the individual. The labour consists of gardening, carpenter's work, and various domestic employments. No regular carpenter, there being always some one about the establishment capable of attending to this matter. Some few of the patients assist the washerwoman. Nearly all the sewing-work of the house is done by the females; are occupied, also, with ornamental needlework, and the cultivation of flowers; some knit; others help the attendants in the halls; some act as attendants, walking with their companions, and assisting to control them. Two of them sleep (1843) in the room of the matron. The amusements consist in walking, riding, fishing, reading, and playing at quoits, battledore, chess, backgammon, and drafts. Fishing excursions in summer are frequent. Most of them read. Writing is also resorted to by many. Schools have been recommended, says Dr. Fisher, and one was founded at the Bicêtre, to which an instructor and music master was appointed: writing, reading, geography, and history are taught there. Impressed very favourably in regard to this means of revulsion, from an experiment of two patients at the Maryland Hospital. They agreed to review their early studies, and improve themselves in general literature. Adhered strictly to a system of rules, and have earnestly persevered for three months: have studied thoroughly the history of the United States, the geography of Europe and America, the most important rules in arithmetic, and Murray's English Grammar. On Sundays, engage in Biblical studies, with questions and commentaries. Also, devote a portion of time regularly to music; frequently express themselves as delighted with these pursuits; complain of the days being too short for them. One of them nearly restored, and the other much improved. Music, instrumental and vocal, much practised by the patients. Diet substantial and abundant. Nearly all eat at table, with knives and forks, no accident having ever occurred from this. To cultivate habits of self-constraint and self-control, rather than make them feel the controlling power of another, is an important principle, which we constantly endeavour to carry out. Agree with Dr. Allen that nothing but absolute necessity justifies absolute restraint; to be considered an evil to avoid a greater one. Personal restriction never used in the hospital, unless directed by the physician, and removed as soon as the condition of the patient will permit. The leather muff, mittens, or leather straps, only means used for some years back. Never resorted to iron fetters, the straitjacket, or the tranquillizing chair. During last twelvemonths (1843), never more than two patients restrained at a time; frequently none for many days. Confinement for a short time to the room more frequently employed; but avoid this also as much as possible, as when long continued, or needlessly employed, being as pernicious as any other restraint. During last three years, rarely more than three or four inmates confined simultaneously. Punishment totally repudiated.

Think the mild restraint of our asylums preferable to the English non-restraint system, on account of the necessity of muscular force, and the presence of the attendants. The windows in the new department have net-work wires to guard the glass from being broken: this, in some cases, has also been adopted in other institutions. The practice of Dr. Fisher is similar to that of Dr. Woodward, consisting mostly of opiates. He has not obtained much benefit from conium and iron: but where the secretions were unhealthy, has found it advantageous in correcting them. The Sisters of Charity had at first the management of the female department of the hospital, but they withdrew in consequence of some dissatisfaction on the part of the Board of Trustees. The female officers now consist of a housekeeper, a matron, who attends solely to the wards, being released from household duties by the housekeeper; and, thirdly, of a seamstress.

15. The Sisters of Charity, on the cessation of their duties in the Maryland Insane Hospital, established an asylum under their own charge in the city of Baltimore, entitled "St. Vincent's." There are 11 Sisters, who perform all the duties, both as officers, attendants, and menials. One of them has the general management; in the male department, three men are hired. In March, 1843, there were 43 female patients and 10 males—three, however, of the latter not being insane, but afflicted with some other disease. The Sister having the direction of the establishment thinks the insane patients benefited by the reflection that other diseases are also treated here. They prefer the restraint of their presence to confinement or other mode of restraint. They treat the patients, as far as possible, as rational beings, converse with them as such, and endeavour to conceal every symptom of distrust. It is sometimes advantageous to permit two persons who labour under some deep, imaginary sorrow, to communicate freely with each other. Sympathy from this, and the sufferer learns that she is not miserable beyond all others. In pledges the Sister places little confidence. It is considered of the utmost importance to supply the mind with employment: books and newspapers are permitted freely. They ride out frequently, and accompany the Sisters on shopping or other excursions. They are fond of attending the offices of the church, and profess themselves soothed by the music and solemn ceremonies. Diet, of course, regulated by circumstances; but, in general, wholesome and agreeable, and they are plentifully supplied, but not to satiety. The Sisters eat in the same apartment with them, one or two being appointed to each table: when childishly gluttonous, a patient eats in a separate apartment. They endeavour to promote innocent amusements—music, drafts, chess, nine-pins, and the like. They have also sewing-parties, which are peculiarly acceptable: the tables are supplied with materials, and the patients select and combine them pretty much ad libitum; the discourse being made as pleasant as possible, and refreshments of better quality than usual being provided. On a patient's being received, she is told that she is labouring under a nervous affection, and that her friends have thought that separation from scenes of distress, &c., would be beneficial to her. In the Maryland Hospital, they found that the male patients were more easily managed by them than by men. For a suicidal patient, they have a cot with sticks in it in the place of ropes; but a patient of this kind has an attendant constantly with her. The Lady Superior does not consider the insane mind as susceptible of

conversion, whilst the insanity lasts. In cases of religious delusions, she always speaks to the patient of them, and with benefit; for, she observes, a soul fancying itself under the malediction of the Creator is incapable of attending to lighter matters. When a young patient has insulted an old one, she is made to apologize before the others. Dr. Stokes, a practitioner of Baltimore, attends the institution as physician; he was once connected with the Maryland Hospital. His treatment consists chiefly of moderate depletion, tartar emetic, blisters, cupping, and sometimes general bloodletting to a moderate degree

16. The Ohio Lunatic Asylum, at Columbus, was commenced in 1836, and opened for the reception of patients, Nov. 30th, 1838. Dr. William M. Aul was appointed superintendent. In this, and other charitable undertakings, he had previously distinguished himself. He observes:—Our government is kind and respectful, and, as far as possible, parental, with firmness as to necessary order, &c. As a primary step, we are anxious to secure their confidence and good-will, and endeavour to retain it by kind hospitality and attention to their wants, without any extraordinary officiousness or unbecoming authority. In the Utica report for 1841, he says:—Upon the subject of discipline, &c., but one opinion; you must concentrate sufficient power upon one able, responsible, willing, and active man, &c., who knows how to perform his duty before God and man. He must have knowledge of the world, for he may find the greatest need for judgment in the selection and management of his sub-officers and assistants: for the *esprit de corps* of the institution must depend entirely on the commanding officer. System of discipline based upon the plainest and most simple principles of parental kindness and common sense, with such tact and ingenuity as necessity may suggest, or occasion require. A well-turned joke often succeeds better than any thing else. A cheerful, encouraging, friendly address, kind, but firm, manners; to be patient to hear, but cautiously prudent in answering; never making a promise that cannot be safely performed, and when made, never to break it; to be vigilant and decided; prompt to control when necessary, and willing, but cautious, in removing it when once imposed: this method superior to force. The great points are a kind heart, pure motives, and sound judgment. Those having charge of the insane should always address them in the language of respect and affection, so as to win their confidence and friendship. Pledges are often successful, without the necessity of personal restraint. We are seldom disappointed in the word of a patient seriously given, and “upon honour.” A number of the peaceable and orderly have the entire freedom of the farm upon these terms, and are sometimes sent down to the city; and we frequently succeed in controlling even the mischievous and more violent, at least for a time, by obtaining their pledge of good behaviour. Reprobates the habit which friends have of deceiving patients as to whither they are going, when about to enter the asylum. This excites suspicion of the officers, and sometimes an unconquerable aversion to their parents and friends. *Case.*—A widow; subject to attacks of insanity in a violent form; when sane very amiable. On first coming into the institution conduct very wild and furious, demanding by what authority she was confined. Visited her in her room, and after some little time, requested her, in a calm manner, to be seated, and we would endeavour to explain and talk matters over. She consented, and we pro-

ceeded, in the most plain and candid way, to explain every circumstance in relation to her committal and detention, and the motives and objects in view. Listened with great attention, appeared thoughtful and very much confused, saying to herself, "Then I really am crazy, and in an asylum! Well, sir, you are a gentleman, and I thank you for your candour; and now, in return, I will show you how a lady ought to behave." She was as good as her word, for, from that moment to her final recovery and discharge, we had no further trouble. *Case.*—Puerperal; two months. At first, a cheerless listlessness, almost of imbecility, the prevalent feature of her case. For some weeks, could not be induced to converse, or observe any thing around her, but sat in listless silence, regardless of attentions, and appearing to desire to exclude all observation. At last, by perseverance in kindness, she could, by earnest solicitation, be induced to raise her head, yet with trembling humility; she had also a depressing melancholy. She was, at first, induced to engage with freedom in conversation; then to employ herself in knitting, and interest came slowly in things around, and she gradually recovered. Dr. Awl's medical treatment is very similar, we believe, to that of Dr. Woodward. And, indeed, both in the form of the building, the organization of its officers, the general management, and the medical and moral treatment, the Massachusetts Hospital may be considered as the model of the Ohio Asylum. The rooms of the patients are eight feet by ten. Asylum has 57 acres of land, principally in grass or wood pasture, except 8 acres in front, which the patients are grading, and two large vegetable gardens under their care, which supply the institution almost entirely with the smaller vegetables throughout the year. I should have, says Dr. A., no objection to 20 or 30 acres more in a year or two, but do not think a very extensive tract of land either necessary or desirable, on several accounts; and I believe all are now beginning to admit that in farming it is better to cultivate a small quantity perfectly, than a large tract imperfectly, and of course improperly. I consider labour of the first importance and consequence in the treatment; and out-door labour the best kind for the patients. This opinion is, I believe, now considered confirmed by ample experience. I would not think of superintending an institution, without labour for the patients, in season and out of season, whenever any thing can be had for them to do. Amusements do well enough in bad weather, or in the winter; but, as a common rule, work is better than play, and I think that I have generally observed that the work and the play are in an inverse ratio at the different institutions of the Union; in other words, where they play much, they work little. We have continued and extended our system of labour, and out-door exercise for the male patients, during the past season (Report for 1841), with increased advantage, and the most satisfactory results. Many of the inmates are themselves so well pleased with the beneficial effects of steady labour, that we usually have more volunteers than we can find useful employment for. Patients who are usefully employed always sleep well, and they are so much more contented and quiet, and peaceful and happy, that we not only have the benefit of their labour, but we positively receive from their labour a double profit, in the great relief which it affords to the general peace and management of the house, and the evident advancement and steady improvement of every one who becomes regularly engaged. The females, under the immediate direction of the matron, supported by the aid of the female attendants and assistants, are even more extensively and regularly

employed than the males. Having their engagements within doors, every variety of season finds them busy and at work. They assist in the kitchen; they help in the bake-house; they bear a strong part in the wash-house and ironing department; and they make all the clothing for the indigent. Even those who have suffered longest with severe disease, the poorest and apparently most helpless class, have recently made a very good and handsome rag-carpet for the family dining-room. As experience extends the field of observation, and multiplies the sources of knowledge, so does our conviction of the value of active employment and bodily labour in the treatment, increase and gain strength. Exercise is essential to health, and there cannot be a permanent improvement of the mind unless the bodily health returns; no course of treatment will more certainly secure this, than constant employment at useful labour; which, in most cases, may be proposed and commenced as soon as the excitement is sufficiently controlled. In cases from secret vice, constant bodily labour is among the most important means for the restoration of body and mind. With respect to the kind of work, we have found no other difficulty than to furnish tools, and to point out what was necessary to be done, either in the workshop, at stable, through gardens, or over farm. Treat them properly, and almost always willing: no single serious accident (313). Have regular family worship every evening in the week, and the reading of a short sermon on the Sabbath, with the most happy influence, and positive benefit to many of the patients. Also make it a privilege to attend, for good conduct, as we like to take advantage of this and every other occurrence to encourage self-restraint. It is a fact that many who are restless and uneasy, and even noisy, in the halls, will enter the place of prayer with sufficient self-control to remain quiet and give audience. They have books, papers, periodicals; many of these are contributed by editors and others. The following works have been purchased to form a library:—Harper's Family Library, 137 vols.; Christian Library, 45 vols.; Miss Edgeworth's Works, 10 vols.; Mrs. Sherwood's, 13 vols.; a lot of Bibles and Testaments; Rollin's Ancient History, 5 vols.; Penny Magazine, from 1833 to 1838; Plutarch's Lives; Life of Patrick Henry; American Biography, 10 vols.; The Spectator; Modern Europe; Thier's History of the French Revolution; Life of Brandt; Life of Red Jacket; Burns' Works; Shakspeare, &c.: between 3 and 400 volumes. They are a most available help in our efforts to relieve. It would be difficult to suit the taste of every one, or even to say what particular kind of books are most useful to the insane. As a general rule, we think moral and substantial reading preferable to that which is trifling and light: novels are seldom enquired for. History, biography, and travels are very acceptable. Newspapers and periodicals are in great demand, but the book of books is the Holy Bible; other books will be borrowed and returned, but almost every one likes a Bible of their own. No requests are more constantly made than those for books and newspapers. Reading and writing are favourite engagements with a numerous class of both males and females; and, next to labour, are probably the most useful and entertaining means we possess. We never refuse a book, pamphlet, or newspaper, to any who are willing to read; and writing materials are distributed almost every hour of the day. Every effort is constantly made to render the asylum eligible and pleasant as a place of residence. Those unwilling, or unable to labour, are presented with inviting engagements. In warm weather, the females ride in the car-

riage almost every fine day: every one comes in for a share of this. They are also indulged in pleasant walks in the country, where they gather fruits and flowers. In the galleries they swing, throw the grace hoop, roll the balls, dance, play at battledore, hackgammon, cards, drafts, chess, fox and geese, morriss, &c. In addition to these are the matron's parties on Thursday afternoon, where there is singing, music on the pianoforte and other instruments, amusements, with refreshments, such as fruit, nuts, cake, &c. The male patients enjoy themselves in a variety of ways, both in the house and out in the open air. They take long walks all over the country, with only a single attendant; play at nine-pins, and all the games which have been enumerated; sing, dance, read, and work at pleasure. The disordered mind is restless and uneasy; it needs, and must have employment, or it becomes distressed. And ways and means of interest and amusement must be diversified and frequently changed, and exertion must be made to adapt them to the different circumstances and condition of the insane.

17. The Kentucky Lunatic Asylum, at Lexington, was established in 1824, and organized in 1825. "It seems to have been designed for the safe keeping, rather than the *cure* of patients." Until recently, it has been under the management of a keeper. It is now evidently in the transition stage from the old system, to the present improved mode of management in asylums: a medical man is placed at the head of the institution; this we consider as the chief item amongst the many changes in the management of lunatics. A medical man merely, as it were, attending the sick of an asylum, (and with a very small salary, as was the case in the institution of Kentucky,) can hardly be considered to have any connection with the institution at all, and must necessarily exert little or no influence upon it.

In the report for 1842, the commissioners mention the purchase of nearly ten acres of land, laid out and ornamented as pleasure-walks, for the exercise and recreation of the patients. Also, building a vault for the reception of the dead, during the winter months, to relieve the patients' minds from the idea that the bodies interred at the asylum burying-grounds were taken up for anatomical purposes. Good effect observed in patients' letters to friends, in which, instead of depicting what would be done with their bodies after death, they now appear to feel confident that care will be taken of them, both alive and dead. Knowing its success elsewhere, introduced Divine Worship on Sundays; and finding, by experience, the effect to be salutary, have engaged the services of a clergyman, as chaplain, at \$100 per annum. Patients, by their labour, raised the entire vegetables used in the institution, besides a large quantity of sugar-beet for stock, and 450 bushels of potatoes on one acre of the land last purchased. Entire making and mending of clothes and shoes done by the patients (except 40 coats). In carpenter's, painter's, glazier's work, &c., on new buildings, amount performed by patients and assistants equal to \$1,195,19. Foundations and cellars of new buildings, embankment and grading, and laying off walks on the new grounds, all made and performed by the patients. Furniture made by them—6 wardrobes, 3 bureaus, 12 tables, 139 bedsteads, 1 sugar desk, 2 book-cases, and 2 wash-stands.

In the report for 1843, commissioners observed that the farm was rendered during the year of incalculable benefit to the patients—affording

means of healthful labour, and larger scope for exercise, as well as profitable to the institution. Strongly recommend the purchase of 50 or 60 additional acres of ground.

To the report of 1843, T. B. Pinkard, S. M. Letcher, and J. L. Price, append "an outline of the history of the asylum," since their connection with it as physicians, dated Jan. 9th, 1844, their duties having commenced on the 7th Feb. of the preceding year. At that date, 163 regular inmates, including idiots and epileptics: number during the year 230, of which, 42 idiots and epileptics. The number of cures been greater by 20 per cent. than ever before. Number of deaths only a per centage of 4 and a fraction, whilst the previous average from 1824 to 1843 has a little exceeded 39 per cent. per annum. First object engaging their attention in the management of the asylum, was to render the general physical health as perfect as possible; for no such thing as mental disorder can exist, unless some deviation from a healthy state in the organism through which the mind manifests itself; "*mens sana in corpore sano*," a maxim as true as the sense is universal in which it is received. Unusual number of deaths not to be attributed to healthfulness of location alone, but in a great degree to influence of other causes, to which they for a moment allude. Among the patients generally, found but few who did not use tobacco habitually and intemperately, in some form or other; whose brain and nervous system had been so powerfully impressed with this peculiar poison, that they appeared affected with delirium tremens: this, therefore, interdicted. Result on health of many truly remarkable. There are now those who, a few months since, were pale, emaciated, and tottering about as confirmed debauchees, are comparatively ruddy and robust; and who, according to the fixed laws of the animal economy, must soon have perished under the influence of this nauseous and disgusting practice. Again, there were many who, from disease and general physical exhaustion, were incapacitated from taking exercise on foot in the open air; who, in consequence, breathed only vitiated air of asylum, whose existence was purely vegetative. Evils here so palpable, that commissioners at once granted carriages. Again, directed the patients to be fed on the best beef and mutton the market affords—a course of diet sanctioned by the best regulated institutions. "If facts upon facts are to be accredited, it is no longer a debateable question, as we conceive that confinement, impure air, the want of free exercise in the open air, and light and innutritious diet, are the most potent and frequent causes which operate in the production of cachectick or scrofulous diseases; and, by reference to the bills of mortality of this institution, it will be discovered that a larger proportion of cases are of this form of disease, than of any, or all others. It is true, as we have stated, that the habitual and extravagant use of tobacco, the want of exercise in the open air, and poor and insufficient diet, when acting singly upon an infirm constitution, are fruitful sources of disease, and seriously to be deprecated. Without elaborating this argument further, we leave you to estimate what must be the effect of the combined and co-operative influence of these causes acting upon those mentally and physically infirm." As to medical treatment, have no *favourite* theory to subserve; and course has been so entirely eclectic, that they have sought for facts wherever they could be found; and have, therefore, not been governed by the dogmata of any school, or the *ipse dixit* of any medical exclusive. Do not concur, for example, with Foville, Rush, and Haslam, that all

physical disease connected with insanity is purely inflammatory, and consequently, demands exclusively bloodlettings; nor with Pinel and Esquirol, who utterly repudiate this practice; nor with Shultz and Hitch, who, even in cases of high inflammatory excitement, condemn bloodletting in toto, advise the use of opium and other stimuli, with a rich and luxurious mode of living. Have endeavoured to act on plain common sense principles, without prejudice or prepossession; and have treated the cases as they occurred, according to their various distinctive characters and peculiar attendant circumstances. Have considered classification of paramount and indispensable importance in *moral treatment*, which consists in separation from all objects fostering morbid feelings, and withdrawing attention from such feelings and ideas, by proper impressions: history of well-regulated institutions has demonstrated most indisputably, that without classification, no satisfactory results. Arrangements for this in asylum rapidly completing, and think them destined to tell on the future character and success of institution. Constant exercise and pleasant occupation reckoned amongst most important moral means: manual labour been most strictly attended to. All the male patients, with few exceptions, have been engaged in agricultural, horticultural, and some few mechanical, pursuits. Females in needlework, knitting, washing, and all the little domestic occupations in detail. Those from physical disability unable to perform manual labour, been required to be exercised by their guardians at least two hours during the day in the open air, and any means brought into requisition which was calculated to interest and amuse. To afford amusement as well as exercise, have occasionally had music and dancing parties, of which many of the patients are passionately fond. Indeed, some interested and aroused from a state of lethargy and indifference, in this way, who could not be excited to action by any other measure we could employ. Some of the male patients amuse themselves by playing nine-pins, drafts, &c. Government of asylum purely patriarchal. Patients treated with all the respect, deference, mildness, and humanity compatible with decision and firmness. Officers of institution not now required to enforce its laws by chains, stripes, and box-houses, but by kind and affectionate treatment. Personal cleanliness carefully attended to, and seated in perfect order at as fine a table as any hotel in Kentucky can furnish. Vice and immorality discouraged and forbidden, and every effort used, by preaching the Gospel and other means, to stamp upon their shattered minds the great principles of morality and religion. We see it stated that Dr. John R. Allen is now resident medical superintendent.

8. The South Carolina Asylum was established in 1822. Contains from 90 to 100 patients. In wings of basement, suitable dormitories and other conveniences for unclean idiots or epileptics—it being in many cases impossible to disinfect the rooms on the upper floor of the building. Suicide occurs occasionally by hanging, which cannot be prevented by any police. 30 acres cultivated by pauper patients, more for salutary exercise than profit: this furnishes corn, pease, and other small grain, but not sufficient for use of house. Since this mode of exercise adopted, mortality greatly lessened amongst the paupers. Amusements various and regulated by their former habits. Walking, riding, exercising on the grounds, and music, form the principal amusements. Exercise and recreation always prove beneficial, and are actually called for to pre-

serve their bodily health. A persuasive and conciliatory manner exerts greater influence, says Dr. Parker, the superintendent, with the insane, than any punishment. Diet wholesome: plain food, including all the vegetables of the season. Pay patients have handsomely furnished apartments, where they take their food, or at the table of the superintendent. Dr. Trezevant is physician. Favorite narcotics, black drop and morphia. Chief medicines used, blue pill, cicuta, digitalis, tartar emetic, tincture of aloes, &c.

APPENDIX.*

NOTE I.

A FEW French works which have come out since the publication of M. Leuret's "*Traitement Morale*," we deem it requisite to notice in this place. 1. *Considérations Générales sur les Maladies Mentales*. Par M. Falret, Médecin en chef de l'hospice de la Salpêtrière, &c. 1843. 2. *Traité de Pathologie Cérébrale*, &c. Par Scipion Pinel; Ancien Médecin des aliénés de la Salpêtrière et de Bicêtre, &c. 1844. 3. *Du Hachish*, &c. Par J. Moreau (de Tours), Médecin de l'hospice, de Bicêtre, &c. 1845. 4. *Des Hallucinations*, &c. Par A. Brievire De Boismont; Docteur en Médecine de la Faculté de Paris, &c. 1845.

1. There is not much in the treatise of this writer which it becomes us to detail. He says little of medical means, beyond the simplest measures of the expectant method; and the principles of moral treatment advocated by him, accord with the general standard opinions on this subject. We, therefore, think it unnecessary to give but a few remarks from M. Falret. In the incubative stage of the disease, says he, isolation is called for, and we should avert all things having a causative tendency. Sometimes the excitement is here so marked, as to render necessary light regimen, seconded by mild drinks, injections to remedy constipation, foot baths, &c. He then discusses isolation; and after he has finished here, proceeds to moral treatment, saying—after having resolved the great question of isolation, which itself represents a system, and the best system for treating insanity, &c. Music he does not think has been sufficiently tested—physicians erring in considering its nature uniform, in place of viewing it as varied—and says that there should be a choice of instruments, &c. Now an universal precept, never to maltreat any insane person; to limit restraint to seclusion or the camisole; and corporeal violence to the douche: that this is but rare under his direction at the Salpêtrière, and in the establishment at Vanves. Patients very often sleepless at the commencement of insanity; this relieved by exercise, long-continued baths taken just before lying down; the removal of all causes of excitement, such as strong emotions, mental application, coffee, and spirituous liquors. Principally during inability to sleep that

* To those who find the present work useful to them, in the following notes is presented a method of themselves continuing the plan involved therein, as regards authors of a later date than that at which I write: for any one may adopt this, by employing for the purpose a blank book, or by the insertion of blank leaves at the end of one volume.

many practice onanism to an excess—a habit as fatal to the re-establishment of their reason, as to their general health. This vice, so common amongst the insane of both sexes, demands especial watching. Diet of insane, with some exceptions, should be that of ordinary persons. Should satisfy their appetite with food of good quality. Many inclined to abuse use of alcoholic drinks; such excesses extremely hurtful. Often proper to treat constipation by injections, mild drinks, laxative aliments, &c. Cleanliness: warm baths not only promote this, but lessen spasm, facilitate perspiration, and induce sleep.

II. Pinel.—Differs little in the means of treatment, which he details from the precepts laid down by his father, and Esquirol. With respect to bloodletting, goes rather further than these writers. Although apparently called for, yet, says he, it almost always in the end increases the excitement in mania, and should only be resorted to where there is strong evidence of congestion, as red face and hard pulse: advises leeches to the thighs in females in whom the menses are suppressed. We may vary the mode of bloodletting: in the commencement, preferable to bleed from the arm, jugular vein, or temporal artery. If malady of some duration, leeches or cups to the nucha, thighs, or region of the heart. Other means should second bleeding: warm baths very advantageous, head being kept cool by affusion of cold water, or linen soaked in water. Cold douches and baths should be of only some moments duration, and as a means of coercion; long-continued have caused phthisis. Objects to the douche as rather irritating than calming the patients, and causing much pain. Females much less impressed by it than men. Best effects in calming brainular excitement from a small thread of water, from water falling drop by drop, and from ice to head of patient. In acute mania should be circumspect in use of purgatives, as intestines participate in general irritability of individual. Diluent drinks preferable—whey, decoction of tamarinds, &c. Tartar emetic best in mild melancholy. Counter-irritants useful only in the decline of the disease, especially in puerperal mania. Says that the American and British writers employ salivation and opium almost universally; but that neither these, nor camphor, appear to be rational means. We are to favour cutaneous eruptions, menstruation, &c. In this view, towards decline of disease, large epistastics called for, kept suppurating a long time, and abundantly. In case of illusions, should enquire whether a particular organ is undiseased or not. In those of the hearing, pledgets of cotton dipped in laudanum, or sprinkled with caustic potash, sometimes successful, when so applied to the ear. Cups to the mastoid process still more efficacious. For illusions of the sight, belladonna in small doses— $\frac{1}{4}$ gr. at first. It is especially in *sanguineous congestion* that large bleedings are of great service, dissipating the headache, ringing of the ears, numbness of the limbs, &c.; leeches down the spine in case symptoms do not yield fully. Also speaks of a cerebral congestion preceding general paralysis, characterized in the first period of madness by injection of the capillaries of the face, scalp, and eyes, swelling of jugulars, throbbing of carotids, and great heat towards head: here recommends cold to head and purgatives (tartar emetic in whey); and if this persists, nevertheless, vesicatories to arms, legs, and more rarely to nucha. In *cerebral inflammation*, the different forms of bleeding, cold to head, &c. In a section entitled “madness in general,” he analyzes the treatment advised in the work of Sir William Ellis; and concludes by observing, that we are here shown very clearly

la polypharmacie of the English physicians in treating nervous diseases, and how greatly they are governed by phrenological ideas. He approves, however, of the active treatment recommended by Ellis for the commencement of the disease, as compared with the expectant method. Under the head of "moral treatment," he has little worthy of note; advises separation from moral causes, comforting the melancholy, acting on one passion by another, &c. He then proceeds to point out the good effects of "isolation," and treats of its varieties. For travelling, he says Switzerland, Italy and Germany, are preferable to either cold or hot countries. Thinks that long sea voyages might prove beneficial in chronic cases. Under the head of "cerebral education," he speaks of the principle of refraining from exercising the patient in the sense of his delirium, of assembling convalescents habitually together at meals, &c. He approves of M. Leuret's treatment as applied to hallucinés, monomaniacs, and melancholics, when their delirium is uncomplicated with organic lesion. The following is his classification:—1. Convalescents, next to the centre building. 2. Peaceable lunatics under treatment. 3. Excited incurables and epileptics. 4. Peaceable incurables and imbecile. 5. The furions in cells. 6. The infirmary for the sick and paralytic. The physician should have undivided sway. Speaks approbatively as to the plan of employing as servants at the Bicêtre and Salpêtrière those who had recovered. Nourishment of a sane man usually insufficient for the insane. Concludes his work with an article on corporeal labour. Speaks favourably of the farm of St. Anne, which is occupied by the convalescents of the Bicêtre: thinks that labour is also suitable and beneficial to the incurable, and even to the excited; and says no insane hospital should hereafter exist without a farm or large piece of land. Observes that M. Ideler recommends to almost all his insane, sawing wood in the open air; and regards this occupation as the best of specifics, and that other physicians have their preferences as to particular modes of labour. But we should not confine ourselves to any one kind, being guided in our choice by the fancy of the patient, &c. In the course of his volume, M. Pinel mentions an extraordinary experiment which, by his suggestion, was tried at the Salpêtrière. If we understand him aright, 72 of those lunatics looked upon as incurable for years, were sent back again to the world, and only three ever returned. He supposes that there are many chronic cases in establishments for the insane, who from indolence, from the fear of giving up a life of tranquil ease for one of labour, shrink from recovery; who, from finding themselves amongst the insane, continue to consider themselves as such; and thus remain as inmates merely from these circumstances, and being, as it were, not in reality deranged.

III The *cannabis indica* yields a principle called *hachish*, which forms the basis of various intoxicating drinks in the East. M. Moreau tried this extract on himself, and also with some of the insane. Hence his book. We give Dr. Brigham's remarks on this work, as sufficient for our purposes. Dr. B. says, he regrets that M. Moreau had not waited until a further trial; and observes, that he did not administer the drug to many of the insane. On the stupid and demented it had no effect; on others none that was permanent. He doubts whether the cases reported as restored by it were really so effected, as such might be expected to recover with equal rapidity without it. Dr. Brigham used most of two ounces of *hachish* at the Utica Asylum, in doses of from 1-6 grains: he thinks

it an energetic remedy, and worthy of further trial, but cannot point out the cases in which likely to prove beneficial. On several of the demented it had no effect. On some that were melancholy, it caused an exhilaration of spirits for a short time. Some felt intoxicated soon after taking it; others were made weak and sick at the stomach. To some it gave headache, and some were rendered for a short time apparently insensible and cataleptic. On none had it any lasting effect, either good or bad.

I may also mention that Dr. Conolly has recently made trial of this article. He believes there is very little genuine in Europe, but if experience at Hanwell not altogether erroneous, must become an important article in commerce. After some careful trials of tincture, feels satisfied in speaking well of it. Thinks it chiefly useful in chronic cases. A drachm and a half, and sometimes two drachms, frequently been given in chronic cases of recurrent mania; and although generally with good effects, sometimes without any effect whatever.

IV. A. Brevire De Boismont. We first proceed to point out the conclusions to which this writer arrives, as to the treatment of hallucinations; and finish by translating those remarks proper to be given, from the body of his work.

1. The treatment of hallucinations has a long time been in France completely null. An examination of the causes, symptoms, and especially of clinical facts, demonstrate the possibility of their cure. 2. M. Leuret has been the first to treat hallucinations systematically. Only objection to his system, that it is too general and too exclusive. 3. His method of moral revulsion applicable with difficulty to persons habituated to reflect, compare, and be their own masters: this method meets with almost insurmountable difficulties with the instructed classes; it should be limited to a certain number of cases, determined by the social condition of the patients, their character, and that of their delirium. 4. Isolation requisite in a great number of cases, but in some expedient to abstain from it. 5. Most useful physical agents—bloodletting, sedative drinks, baths, purgatives, blisters, occupation and exercise. 6. In hallucinations, with excitement, we may advantageously employ baths—prolonged six, eight, and ten hours—with *irrigation*, as in fractures. 7. Bloodletting pushed to syncope has rendered the patient blind, but has not cured the hallucinations. 8. Physical agents act usually by calming at the period of excitement. 9. Medicines may cure by breaking the chain of morbid ideas; thus opium may do so, by prolonging sleep in a halluciné beyond the time of an expected imaginary event. 10. Experience has not settled the value of stramonium. 11. Moral means render great service, but cannot be recommended in an exclusive manner. In their choice, the character of the patient's education, and the nature of his delirium, must be considered.

2. M. Leuret's opinions found a number of opponents, but when their self-love was a little subdued, they recognised their great importance. Experience has since placed a true value upon them. Now manifest that in institutions appropriated to persons whose education and fortune have developed the exercise of the will, and, consequently, of pride, it is necessary to modify considerably the treatment of the physician to the Bicêtre. These exceptions being made, we are the first to assert that this method is serviceable, and that we have recourse to it in all cases in which it is suitably indicated.

Physical Treatment.—The intimate connexion of mind and body in

man, shows that each should be influenced in turn : for example, a hard drinker abandoning drink, has hallucinations ; simple isolation sometimes cures, but often it is necessary to resort to opium, &c. The academician Nicolai being subject to tendency of blood to the head, if bleeding was then neglected saw phantoms. A German professor who imagined himself magnetized, and to have a magnetizer in his abdomen, was relieved by two large blisters to the legs ; and intellectual occupation completed the cure. One of the author's patients imagined his chamber filled with persons ridiculing him : purgatives and baths the treatment, and he recovered in a month. Mademoiselle C — lost her mind from love, and saw her lover constantly near her, in the clouds, &c., and she spoke to him. Taking a bath every day of four, five, or six hours' duration, and receiving the water on her head by *irrigation*, the hallucinations ceased on the fourth day, and in a fortnight she was restored. Warns against too lavish bloodletting. Hallucinations have sometimes been cured by violent measures, shocking to humanity. An emetic or a purgative sometimes removes hallucinations. The use of baths, with the *douche* or continued *irrigation*, merits especial notice. M. Leuret has, by the *douche*, forced a halluciné to recognize the falsity of his ideas. Other practitioners have not been so fortunate. He has obtained similar effects from continuous irrigation to those which resulted with M. Leuret from the *douche*. Here the water falls for whole hours in a minute thread, or in a sprinkle, upon the head of the patient in a bath. Sometimes patients have merely acknowledged an idea as delusive, to escape the *douche*. This offers useful resources, but should be in consonance with certain principles. If hallucination recent, if patient timorous, a column of water will change in a moment even the nature of his ideas. When after persuasion, argument, &c., with a person of fortune, accustomed to have his own way, but endued with moderate energy of purpose, delusive sensations still persist, the *douche* imposed with a certain array, in some instances will alter the ideas. Circumstances unfavourable when hallucination exists in a patient of great energy of purpose, especially if it date far back. So, also, if the disease is trismania, with a tendency to suicide. Usually unsuccessful in hallucinations of mania, dementia, and general paralysis. In some cases, aggravates instead of ameliorating. Irrigation cools the head and harasses the patient, who frequently begs pardon. After some hours' treatment, they have begged to be taken from the bath, declaring they had talked foolishly, that they were irrational before, but now completely cured. A puerperal case, to whom a great white figure appeared constantly present, thus treated for two hours directly she arrived at his establishment ; and she then acknowledged it to be an illusion. In eight days cured and discharged. Not always so successful ; many times illusions reproduced after momentary cessation. In other cases, false sensation disappeared, but insanity persisted. Nevertheless has found irrigation so beneficial, that he employs it wherever it seems indicated ; and cures have been so numerous and rapid from this with prolonged baths, that he intends presenting an account of them to the Royal Academy of Medicine. Thinks stramonium, as M. Moreau employed it, acted by drawing the attention of the patient from his hallucinations to the effects of the medicine. M. Mitivié has tried electricity. He obtained three or four cures by fixing the points in the tympanum ; but, from pain and difficulty of measure, discontinued his trials. M. Baillarger has also tried this.

Moral Treatment.—Moral means to be varied according to character of patients, &c. Facts attest that if a medical remedy in some cases dissipates false ideas, usually it does but combat the excitement, and leaves the delusions in full force. The sister of a deputy sought suicide to escape the pursuit of an imaginary enemy who left her neither by day or night. Menstruation being irregular, was bled in the foot. Next morning acknowledged her delusions; and some days after, was restored to her family. But opposite cases the most numerous. After judicious medication, when calmness has been restored, patient conforms to all the rules of the house; but the hallucination is unchanged, only he speaks of it less. Then the physician must employ his mental resources to attack and weaken the delusion, sometimes by direct, and then again by indirect, measures; but almost always by a happy mixture of kindness and firmness. The author goes on to give a long case, in which were applied the principles just mentioned—a case of demonomania originating at the change of life in a single female. Here, at different times, and according to the mental symptoms, he used reasoning, pleasantry, &c., permitted her to go to see her friends, &c.; employing few medical means; a blister to the arm, sedative drinks, and baths for the excitement. This treatment is intermediate between that of M. Leuret and the older writers; he also differs from M. Leuret in thinking a union of *physical* with moral means proper. Physical agents useful when hallucinations are troublesome and interrupt repose, though the individual acknowledges their falsity, and is therefore sane. M. Bottex cured the hallucination of a person constantly hearing a female voice, by leeches behind the ears, mustard to the legs, sinapised baths, whey with syrup of orgeat, Anderson's pills, and labour. If hallucinations are prolonged during the convalescence of intermittents, the sulphate of quinine. When appearing during the convalescence of chronic maladies, good nourishment, pure air, and tonics; an agreeable emotion has dissipated them in the last stages of such diseases. When they disturb the sleep of the insane, they frequently call for remedies: a bleeding, purgative, or a bath. Only when they form the prominent characteristic of monomania, that it can be treated successfully. In mania and dementia, exact no physical treatment, except when physical health is deranged. Sometimes, however, mania is exasperated by hallucinations and illusions. Here we must enquire whether light and noise do not excite them; and if so, the patient must be removed from their influence. Sedatives are indicated. In some cases, on the other hand, a light place better. Bloodletting may do good.

In a criticism (*Annales Médico-Psychologiques*, Jan. 1844,) on the 64th report of the Hanwell Asylum, M. De Boismont writes as follows:—Twenty years experience has not revealed to him the dangers of restraint, pointed out by the English physicians. In reading Dr. Conolly's report, lunatics in England seem very different from those of France; for however anxious he may have been to render the condition of the insane as pleasant as possible, still circumstances in which the camisole is his only resource. Instances a suicidal patient with a constant tendency to beat his head against the wall, fixed to his bed to prevent it. Gives a case in which a patient lying in bed, strangled himself with a piece torn from his shirt, two attendants being near. Asks he, would not the camisole have prevented it? How without this also, can we control those tearing every

thing to pieces, leaving themselves naked? The camisole not being sufficient to restrain one of these, who then employed his teeth, a fencing-mask was resorted to. The senseless rage of paralytics, and their incapability of standing up, also require restraint. So too, can we suppose that isolation, or any number of servants, will prevent the attempts of the homicidal?

In the *Annales Médico-Psychologique* for Nov. 1844, he gives the following case:—An English merchant; depression from pecuniary losses, and strong propensity to self-destruction; strove against the desire; at length, after a great misfortune, said to his clerk that his head felt heavy and oppressed, and that he had a presentiment that something would happen before morning. At midnight awoke in extreme agitation; sent for a surgeon; on his entrance, patient said, "Bleed me or I shall cut my throat." Being bled, immediately relieved, and had no return of symptoms.

Under an article entitled, "Acute delirium observed in establishments for the insane," (*Memoires de l'Academie Royale de Medecine*, tome xi. 1845,) he treats of a disease akin to insanity, its victims being placed in asylums. Characterized by loud moans and cries, delirium revealing usually a predominant idea of a despondent character; the patient is in constant motion; but *hydrophobia* is the characteristic symptom, there being mostly also great repugnance for food; moreover, a penetrating and abominably foetid odour from the skin. Distinguished from meningitis by refusal of drink, and from insanity by constant presence of fever. Treatment, bleeding from the foot, leeches and cups to neck, &c.; warm baths prolonged, and cold applications to head; emeto-cathartics (castor oil good); revulsives when agitation changes to prostration; when, also, tonics and stimuli. Duration usually from 2 to 18 days. Causes as of insanity.

NOTE II.

*Works on Insanity published in Great Britain, (1844-5).—*1. Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor, 1844. These Commissioners were directed, by an act of Parliament, to visit all licensed asylums in England and Wales, except Bethlem Hospital. Some of their remarks we have given elsewhere.

Dormitories containing several beds much preferable to single bedded rooms, although a limited number of latter necessary in every large asylum for violent, noisy, and mischievous patients: dormitories comport more with a pauper's previous habits, &c. In many good licensed houses, private patients sleep four or five in the same room.*

General opinion of best informed medical attendants in asylums, that most successful method of attempting cure of pauper lunatics in public hospitals, often exhausted and destitute, is to obviate the state of body which poverty and distress have a tendency to induce. This best effected by a restorative plan, and by means calculated to reproduce a vigorous state of bodily health. A nutritive and tolerable full diet therefore allowed, consisting of a considerable proportion of animal food, whole-

* "At the new and splendid Morningside Asylum near Edinburgh, there are but six single rooms for 350 pauper patients."—Dr. Bell. Dr. Mackinnon, its accomplished physician, speaks highly (Report for 1844) of dormitories.—G.

some digestible bread, milk porridge, or milk thickened with various farinaceous substances, and good broth. To these a moderate quantity of malt liquor, ale or porter, is added in most cases; and in some extreme instances, wine and other stimulants. Warm clothing and bedding, and a moderately warm and dry atmosphere, indispensable auxiliaries for comfort and cure—circulation being languid, and being for the most part chilly, suffering much from cold and damp air. Exercise in open air in cheerful airing-grounds; baths, either warm or cold, according to circulation and habitual temperature of skin; and frictions, promoting cleanliness, proper circulation, &c., found to promote restoration of curable patients. Whole of this plan said to prove beneficial only in the cases free from signs of brainular congestion, and tendencies to epilepsy and paralysis. These require appropriate remedies, as topical bleeding and counter-irritation. In cases before alluded to, tonic and stimulant medicines, and all remedies which promote healthy digestion and due circulation of blood in extremities, said to produce beneficial results. Tonics most in use—carbonate of iron, cinchona, sulphate of quinine, gentian, with aloe, when required by state of natural functions, or with astringents, when, in cases of great debility and exhaustion, there is a tendency to diarrhoea and dysentery. A moist or relaxed state of skin, cold extremities, a shrunk and shrivelled surface, with a livid and blotchy, or pale and yellow complexion, and feeble circulation, frequently coexist with insanity, especially when from depressing agencies. Here great advantage from carbonate of ammonia, in frequent doses, and for a considerable time. Emetics and powerful purgatives rather injurious than useful here, except where any temporary complaint calls for them. Nothing more important than a sufficient and appropriate diet in the treatment of lunatics. Committee at Lincoln have a rule, that the process of subduing violence by tartarised antimony, or nareotics, and the practice of enforcing sleep by opiates and courses of drastics, are hereby interdicted, except in special cases, &c. Although treatment detailed above is generally adopted, yet some asylums constitute remarkable exceptions.

Employment should be afforded to all patients, not for profit, but relief or cure; trifling indulgences should be given to induce labour. No asylum should be without a library. In great depression, particularly religious, cheerful books; usually abundance of religious works, but have urged propriety of procuring also those of entertaining character. Superintendents at Lincoln, Northampton, Haslar, and at Hanwell, consider it not necessary or advisable to resort to restraint in any case whatever, except for surgical purposes. Superintendent at Lancaster thinks that although much may be done without mechanical restraint of any kind, there are occasionally cases in which it may not only be necessary but beneficial. Superintendent at Suffolk considers that, in certain cases, more especially in a crowded and imperfectly-constructed asylum, mechanical restraints, judiciously applied, might be preferable to any other species of coercion, as less irritating and more effectual. Superintendent at Gloucester adopts non-restraint, from a trial of nearly three years. Of superintendents employing restraints, those of the Retreat, the Warnerford Asylum, and the hospitals at Exeter, Manchester, Liverpool, and St. Luke's, consider that although the cases are extremely rare in which restraint should be applied, it is, in some instances, necessary. Similar opinions entertained by the superintendents of the County Asylum of

Bedford, Chester, Cornwall, Dorset, Kent, Norfolk, Nottingham, Leicester, Stafford, and the West Riding of York. In all the houses receiving only private patients, restraint is considered to be occasionally necessary.

2. *Practical Notes on Insanity.* By John B. Steward, M.D. For ten years Physician to the Droitwich Lunatic Asylum, &c.—1845. In Dr. Steward's little work, there is little new or striking. We deem it advisable to extract but a single remark—"As a general rule for the occupation and amusement of the insane, I should say there is no amusement or occupation which some of them are not fitted for; and there is no amusement or occupation which, to those who are well enough to enjoy it, ought to be denied." This is indeed a truth worthy to excite deep and earnest reflection, and from the full development of which, perhaps, the most wonderful results lie before us in the great future.

3. *An Essay on the use of Narcotics, &c., calculated to produce sleep in the treatment of Insanity.* By Joseph Williams, M.D. 1845.—The treatise of Dr. Williams is a prize essay; it is chiefly a compilation, and most of its contents are found in the preceding pages of our volume: remarks of importance not thus occurring, we proceed to transcribe.

In preternatural excitement with *vigilantia*, from over-fatigue of mental powers, as of university students, if neglect occurs, mania or phrenitis may ensue, while the case is otherwise usually cured very rapidly, sometimes in 24 hours. In such instances great *action*, pulse quick, throbbing temples, rolling eyes, &c.; if pulse is also full, hard, and bounding, and skin dry and hot, local and general bleeding usually necessary. But particularizes an opposite condition, where excitement is the same, but pulse quick, soft and fluttering, weak or intermittent, and skin moist and clammy; here bleeding most improper, and many cases of insanity have arisen from it. A narcotic frequently acts as a charm here, causing calm and refreshing sleep. Has found very useful—R. Tr. hyoscyami, ℞ xxx.; tr. buniuli, ʒij.; camphora, gr. v. ad. x. aut. xv.; syr. anrantii, ʒij.; mist. camphora, ʒvj. M. et. fi. haust. li. s. s. Cautions elsewhere against confounding *irritation* with *inflammation*. Exhibiting opium or laudanum shortly after a tea-cup of arrow root, renders it much milder in its effects. Dr. Hodgkin has related two instances of the value of large doses of opium where there was a strong suicidal tendency; in each case a large dose procured sound sleep and perfect restoration of health. When opium has disagreed with a patient, a strong cup of coffee will often remove the unpleasant effects. Rubbing the abdomen with laudanum and oil will sometimes be found effectual in inducing narcotism. Narcotic frictions on the head will be found useful; even brushing the hair with a common hair brush for half an hour, will frequently tranquillize a nervous and irritable patient. May be necessary to rub the scalp with liniments, or ointments containing morphia, belladonna, veratrum, or aconitine. In some cases, where there is irritability with diminished action, a glass of good porter, ale, or port wine negus, with grated nutmeg; and, in a few instances, even a hot supper, where habitual, must be allowed. Tea acts differently: coffee often preferable in low nervous patients. To the unaccustomed, smoking occasionally useful in combating *vigilantia*; sleep often not to be obtained without it, when habitual. The chief object is to prevent false impressions, by keeping up the continued effect of morphia—it being necessary to repeat this at least every eight hours. The hydrochlorate been found immediately to produce its direct calming and sedative effect, without the distressing jumps

and twitchings from the acetate. Morphia may be continued daily for weeks, and even months, undiminished in effect, without increasing the dose or troublesome symptoms; while from opium, dementia or idiotism would have probably ensued. The hydrochlorate stimulates less than the acetate, and is the most valuable calmant of excitement; acetate indicated in the low form of insanity.

Dr. A. T. Thomson has seldom failed, with proper previous measures of unloading the system, to procure sleep, quiet, and restoration of patient to sound health and intellect, from tincture of digitalis, which he has carried to 60 minims thrice in 24 hours. Gives it in cases of diminished excitement of a maniacal kind. The author thinks the tincture the most eligible form, 10 minims every six hours commencing dose; should be discontinued if pulse does not diminish in frequency five or six days after its employment. Colchicum, with digitalis, often a good sedative; and a tincture of the seeds may be regarded as a valuable narcotic in insanity. Signor Bertolini employs narcotic baths; 2 pounds of henbane, belladonna, hemlock, and cherry laurel leaves are infused in a sufficiency of water for a bath. Professor Berndt regards camphor in large doses as almost specific in puerperal mania. In nymphomania, after delivery, he gave 4 grains every alternate hour, with very great effect. With conium and nitre it is antiphrdisiac; and by continuing conium some time, inammæ and testes diminish in size. In severe cases, cold lotions to genitals, with diacetate of lead; saline purgatives. If nymphomania from clitoric irritation, may be occasionally advisable to remove the clitoris as recommended by Dubois. A case of idiocy, apparently depending on unrestrained habits, thus cured by Dr. Græfe, of Berlin, intellectual faculties shortly after beginning to develope themselves.

NOTE III.

LATEST AMERICAN INTELLIGENCE.

At the close of 1844, Dr. Ray resigned his situation as superintendent of the Maine Insane Hospital, being succeeded by Dr. James Bates. He is now superintendent elect of the Butler Insane Hospital, near Providence, Rhode Island. During the year 1845, he took a trip to Europe; and, in his excursion, visited many of the asylums of Great Britain, and a few of those in France and Germany. The subsequent extracts are derived from observations relative to these institutions, which he has published since his return to America.

Pads in the padded rooms of the non-restraint asylums in Great Britain consist of a light wooden frame, six or seven feet long and two or three broad, covered by a strong canvass nailed to its edges. Space between frame and canvass filled with cotton waste tightly stuffed in, until pads are about five or six inches thick towards their middle. Placed upright along the wall, and confined by a wooden bar running across their ends and attached to the wall. Similar pads upon the floor, and close stool guarded by the same. Cost from \$23 to \$27. At Northampton, dried sea weed (*alga marina*) the stuffing; being cheaper. Used for patients who beat their heads against the wall; for epileptics; for those who divest themselves of clothing and lie on the floor; and for a certain class of the suicidal. Opinions of superintendents differed as to their utility, and as their liability to be injured by being torn, defiled, and absorbing

urine. Owing to type of excitement being greater in our patients, thinks they would suit but few in the United States.

Most common provision for warmth in Great Britain, open fires in grates in the day-rooms, guarded in some galleries. In France, from mildness of climate, usually only the ordinary calorifer. In Germany, stoves. Dr. Ray approves of forced ventilation, a rise of temperature in foul air from 5° to 10° being sufficient to extract it.

In foreign asylums our plan of dispensing with airing-courts far from being regarded as an improvement; there considered indispensable. Often provided with a grassy mound in the centre. At the Salpêtrière, several of the refractory sitting in strong chairs in the airing-grounds. Thinks many of the excited would be more calm in a court than a narrow gallery.

Found much more quietude of demeanour in European asylums than characterizes ours. This resulting, he thinks, from a greater proportion of incurable cases there, from insanity assuming there much less frequently than with us intense excitement, from their *physique* possessing less natural vigour, from the peculiar character of a pauper population to which we have no class similar, from the equality amongst us, and from the greater number which we exhibit of morally insane cases. Hence less destructive propensity, and he thus accounts for the fact of large asylums in Great Britain being conducted without any restraint, and that none of them of any celebrity employ so much as ours. As to the value of non-restraint, both opinions and experience of superintendents in Great Britain differ; and they are not willing to adopt the issue that restraints should be discarded in large asylums, as compared with small, merely because authority to impose them becomes delegated. Strong dresses lately fastened on by two small brass disks the size of a button, and perfectly smooth, adhering strongly when placed in opposition. In France, the only restraint found necessary the camisole—a strong linen frock, with sleeves so long that they may be crossed in front and tied together behind; and in Great Britain, too, this constitutes almost the only form of mechanical restraint. At Northampton (a non-restraint asylum), observed a suicidal female with restraint on her hands; from repeated attempts, thought unsafe to trust her to attendants merely. At Gloucester, also, informed that restraint is there occasionally resorted to.

Found labour practised in all the institutions he visited, and in some to an extent quite unparalleled in this country. The fact he attributes to our labouring classes being better educated; and hence, many prefer reading: secondly, we have more unaccustomed to labour; and thirdly, the independent spirit of our population. At Illeneau, 55 acres of land, shops for the joiner, blacksmith, tailor, locksmith, and shoemaker. At Belfast, old women spun flax, and men wove linen. At Surry, two men knitting stockings; representatives, also, of the blacksmith, mason, painter, and weaver.

Amusements pretty much the same as in our asylums. Reading much less common, even amongst the better classes. At Gloucester, a patch of ground allotted to male patients of the higher classes, who are pleased with raising vegetables for their own table. Owing to apprehensions in the public, walking or driving into the country far less practised than with us. Affluent classes kept entirely out of the sight of visitors, from popular prejudice. He observes, it cannot be denied that there are in every asylum some patients who would be made happier and better by

occasionally seeing and conversing with their more rational fellow-men. Thinks instruction might be profitably introduced into our asylums, though, from the docility of the French character, to a less extent than in France.

From what has been said, less annoyance to be inferred as to noisy patients in foreign asylums. Common arrangement to place them in the extreme ends of the most remote wings. In very large establishments in galleries by themselves, more or less connected with the rest of the house. At the Salpêtrière, in a row of single cells, in the rear of the other structures, amid trees and shrubbery, each forming a separate edifice by itself. At Siegburg, also small detached buildings. Difficulty in isolation at a distance, fear of neglect. Inclined to think we can have nothing better than a distinct gallery in a structure running across the end of the remotest wing, and insulated from it as completely as possible, but still communicating with it; taking advantage of any inequality of surface to place it low, as at the McLean Asylum. Even when isolated, noise sometimes heard.

Remarkable reform in moral management of European establishments been attended by a corresponding change in medical treatment. As wonderful efficacy of moral treatment became manifest, in same degree estimate placed upon drugs been lowered. Copious bleeding, purging, salivation, &c., which formed a part of the regular routine of treatment in the English asylums, now either entirely abandoned, or very sparingly used. Prevailing opinion in foreign establishments, that medicine is capable of exerting but little direct influence on the cerebral disorder, and should be chiefly confined to those visceral derangements by which it is often accompanied, particularly in its early stages. Narcotics given to some extent, to procure sleep. Our general opinion of their depressing excitement and leading to convalescence, not recognised in any institution he visited, although informed of their use in some others for their specific effects upon the disease. Nothing seemed so much relied on, especially in France, for subduing inordinate excitement, as the warm bath protracted an hour or two, or the cold douche. Comparatively small medication in English asylums, also owing to number of chronic cases. From feeble system owing to slender diet, many of their cases require only nutritious food. Hence, too, greater use of malt liquors than with us: given to subdue excitement, to impart a healthier tone to the system generally, and thus prepare the way for convalescence, and take the place of bark, wine, iron, &c., so extensively used with us. Many believe them to directly control excitement. Been very successful. Must be considered, however, that they are the national drink in England. Thinks they would suit a class of females with us from the humbler walks of life, worn out by frequent child-bearing, exposure, &c. In every asylum, he saw many patients using tobacco, either by smoking or snuffing, chiefly the former. No one considered it injurious, but was treated as a harmless indulgence—contributing much to quiet and good humour, and also given as a reward for labour.

In European asylums, religious observances, in some form or other, universally adopted and approved of.

Thinks the arrangement of officers in American asylums—superintendent, assistant physician, matron and steward, superintendent being head—far preferable to the organization of foreign institutions: there a visiting physician usually shares in the power of the resident medical

officer, and is sometimes superior, and there is frequently a want of limits to the exact power of each officer. In France, house pupils, called *internes*, assist one or more visiting physicians; there is no matron. Grounds of foreign asylums more ornamental than those of America. Older establishments in Great Britain three stories high, later two stories above basements; wings and centre building generally form three sides of a quadrangle. In France, erections designed for different classes of patients form so many quadrangles, one side of trellis work of wood or iron, and containing a garden; mostly of one story. Thinks the Tudor-Gothic, as adopted at the Surry and Glasgow asylums, best architecture for the insane; as decoration is cheap, and variety admissible in the size of doors and windows exceedingly convenient. Convinced there is no more serious defect than want of agreeable day-rooms. Dr. Conolly fixes maximum of patients in a *pauper* asylum at 400. Dr. Ray thinks our largest asylums likely to prove unsatisfactory in their great size. Commissioners in Lunacy limit numbers to 250.

In France, all the patients sleep in dormitories, except the highly excited. Difference of opinion in Great Britain, though preference usually given to those containing five or six beds only; mostly, in England, do not contain far from a dozen beds. At Surry, two to one sleep in dormitories; but this is the only instance in England where proportion not reversed. At Glasgow and Edinburgh, more than two-thirds in dormitories. Thinks them less applicable to our asylums, because more excited cases, &c. But still would recommend them for the timid, for the suicidal now treated by an attendant's sleeping in same room, and for tranquil, filthy patients. One or more attendants absolutely necessary, and a water-closet should adjoin dormitory. Division of opinion abroad as to utility of dormitories.

Dr. Bell (1845) adheres to his opposition to non-restraint, as an *exclusive rule*, especially if known to patients as such, and mischievously taken advantage of, as in Great Britain. Type of disease much more intense here than in Europe. Found on investigation that opposition of superintendents to restraints in England, in *large* asylums, was that there was a necessity of their being ordered by delegated authority. Smaller asylums on this principle have not so generally acceded to the exclusive rule. At the McLean Asylum, during 1845, one suicidal patient under restraint. An epileptic sat at times in Dr. Rush's chair, to prevent sudden falls. Coercion also much lessened in all other things, as giving food to those refusing to eat. More than a year's trial at the McLean, convinces him that dormitories suit one-half of the patients. Informed abroad that those inclined to suicide, tearing clothes, breaking glass, filthiness, and especially masturbation,* and the timid, were thus better managed.

Dr. Woodward (1844) thinks the plan preferable of confining the criminal insane in ordinary hospitals, to having separate and special establishments for them, as recommended by the British Commissioners in lunacy; being very often harmless and docile. 1845. He is rather against associated dormitories, as involving danger from the sudden im-

* In 1838, Dr. Bell suggested an arrangement of the kind as regards these cases, after observing—"I am satisfied that no other means of recovery can be depended on, except a permanent, vigilant watch by day and night, or the protection of the sufferer from himself by positive restraint."

pulses of the apparently quiet, though agreeing that they are suitable to certain classes. Thinks the *star* form in building objectionable, as one end of corridors must be closed, and wings converge too near; the lineal good for a small building, but for one to contain more than 100 patients, the L. or H. form. In his experience at the Worcester hospital, tobacco in all its forms injurious to the insane, increasing nervous excitement, &c. Thinks, in the young, strongly developed faculties should be rather checked than encouraged, as usually by parents and teachers.

Dr. Evans, of the Frankford Asylum, cautions against the prevailing error of stimulating the brain too early, in the way of infant and other schools; thus is a tendency to insanity created.

At the Pennsylvania Hospital for the insane, during 1845, restraint was nearly done away with, and seclusion rare.

Dr. Earle states only two cases under restraint in the male department of the Bloomingdale Asylum, during the year 1845: one with a camisole, who in a typhoid condition threw of his bed-clothes. A second restrained whilst a blister was drawing. In female department, camisole been almost invariably sufficient; restraint being not disused therein, though much lessened.

Dr. Hunt, in his valuable translation of Esquirol, gives the following combination, as a favourite remedy in several asylums:—R. Carb. ferri precipitat., 3xxx.; ext. conii, 3xv.; syr. bals. tolu., ʒvi.; ol. cinnamom., ol. limon, āā. ℥xii.: alcohol, ʒij.; aquæ, oj.; spt. gallici aut. vin. madei., oss.; sacchari, ʒiv. M. Half an ounce to an ounce and a half, three or four times a day.

Dr. Stedman, the most excellent superintendent of the Boston Hospital, reports the following facts as to delirium tremens. Of 76 cases (1845) treated at the House of Correction—being all that were there within two years, eight months—no death took place, except one attacked with pleuropneumonia, just as delirium tremens was leaving him. Epileptic convulsions attended a few of these cases. The only treatment adopted, and this in every case, was cold water—administered as often, and in as large quantities, as the patient could be induced to take it. A favourite emmenagogue is a combination of aloes, sulphate of iron, myrrh, and capsicum. In his report dated 1844, is the following novelty:—Since last report, a bathing-house been erected. Just within the sea-wall; a house covering $\frac{1}{3}$ of an acre of 50 by 25 feet, fitted with every convenience for sea-bathing: such patients as desire it, take the cold bath two or three times a week. Many swim, finding in it much amusement; others experience great enjoyment in summer from giving themselves the shower-bath. These voluntary ablutions have often cheered the melancholy, aroused the lethargic, calmed maniacal excitement, and have procured for all a night of undisturbed repose.

Miss Dix states (1845) that in the poor-house of Delaware County, Pennsylvania, there are in the basement of the main building, four cells lined with sheet iron, which are used for the violent patients when necessary.

GENERAL INDEX.

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